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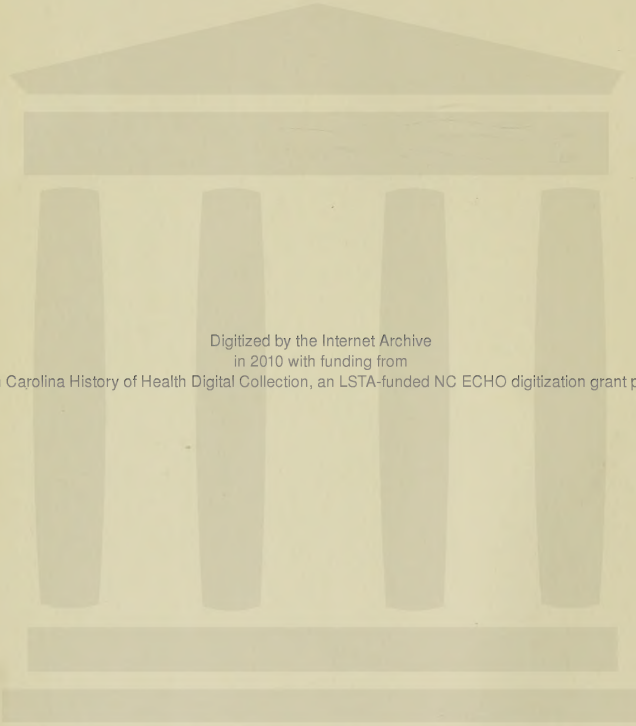

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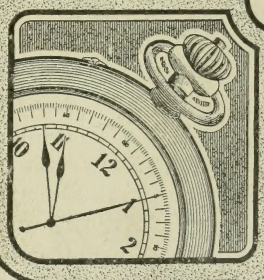

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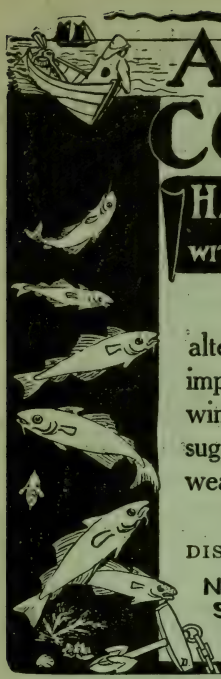

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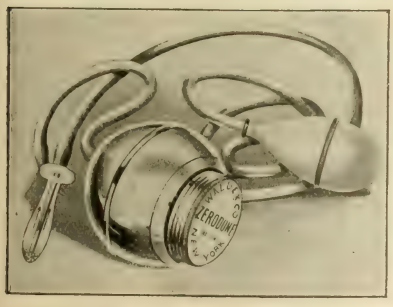

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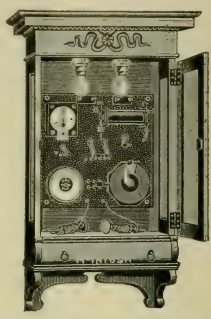

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ORIGINAL COMMUNICATIONS.

President's Address.*

By D. T. Talbe, Washington, N. C.

Ladies and Gentlemen and Fellow Members of the North Carolina Medical Society:

My first and pleasant duty is to acknowledge the honor which has been conferred upon me. To be selected president of this organization is one I assure you I, heartily appreciate.

Gentlemen, I tread in the footsteps of illustrious men, men whose superiors it is my happiness to believe are seldom found in the medical profession. They have given us the broad foundation upon which we now stand and on which we are destined to become one of the strongest medical organizations in the South; and as time rolls on and the scheme of our new re-organization is perfected it is not too much to hope it will be for the betterment of the North Carolina Medical Society and every member therein.

I have selected as the subject of my remarks, "The Growing Need of Hospitals and Isolation Hospitals." It is known to those who are conversant with the hospital movement in this country that the great majority of the present hospitals have been established during the past twenty years; that the growth of hospital facilities during that time has not kept pace with the general growth of the country is also known.

With a population rapidly approaching one hundred millions, the United States has now within its borders about six thousand institutions for the care of the sick and injured. This includes institutions for the insane and the sanitaria for the various special diseases. There are about three thousand hos-

*Delivered before the meeting of the Medical Society of North Carolina, at Greensboro, May 23rd, 1905.

pitals proper, or one for each thirty thousand inhabitants. These have a bed capacity of about three hundred and fifty thousand. Fully nine hundred or nearly one thousand of the hospitals are to be found in the one hundred largest cities. These have a bed capacity of about one hundred and five thousand. While the larger cities are, in most instances, well supplied with hospital facilities, there are a large number of small places with a population of from four thousand and upwards in which there are neither no hospitals or else the facilities are inadequate to the needs. While in most instances the cities without hospitals or with insufficient hospitals are within easy reaching distances of the well-equipped cities, and while some of the features of hospital care can be provided by graduate nurses, the growing appreciation of the hospital and the increased interest by the general public is calling for the further extension of the hospital movement.

The special need is for small hospitals, hospitals which by giving the best general service more nearly approach the personal care and comforts of the home. In these there is not apt to be found the constant rush so often found in the large hospitals, and, as a result, the attention given to the individual patient is apt to be more complete and thorough. In expressing this opinion I do not wish to be understood as in any way disparaging to the larger hospitals. Both large and small have their distinct missions to be performed. The point is, there is need of hospitals in localities where the large hospital is an impossibility.

This is an age of progress; intelligence is being disseminated by the press and our people are being educated. In the scientific world great strides are taken. The rapid and wonderful growth of the industrial interest of the country is producing an equally rapid growth of accident cases, and these cases demand immediate attention. There is no time in which to transfer the patient to a hospital one hundred miles away. Immediate care must be had or lives are jeopardized. Another point to be brought out in this connection is this: The family of the average industrial worker is large; the home is not proportionately large, and as a result the conveniences for caring for the sick and injured are not adequate, and the hospital is very naturally looked to to supply this need. Another demand is to be found in the increased attention and care given their members by the churches and the various fraternal organizations, who, in the main, prefer to give their assistance, in times of illness, or accident, through the medium of the hospital, realizing that through this medium the better care is obtained. The general welfare of the community also demands the hospital as a means by which the well may be protected from the sick by the prevention by isolation of the spread of contagious diseases. Many other reasons can be advanced in favor of the general extension of the hospital facilities of the country. If our hospital had no reason for its existence beyond the relief of individual suffering and the cure of individual disease, it would still play an important part in the philanthropic activities of the community. It is this part of its work to which public attention has been and is largely directed; and it is this part of its work which, in the minds of most people, constitutes the chief reasons for its existence. This is a very narrow view to take. Great as is its service to the community in this particular, it is only a small part of the service which it really renders. It is an educational

institution: an institution through which alone doctors and nurses can be trained, and through which alone medical science can be advanced, that our hospital, like others under equally enlightened management, has its chief claim upon the public. It is only by providing hospitals where the art of healing can be practically taught, that doctors and nurses can be prepared for their ministrations of mercy, whether to the rich who can afford to pay in money or to the poor whose only recompense is thankfulness. And it is only by providing such hospitals that medical and surgical science has made the marvelous advances which we have witnessed in our generation and which is hoped only presages the progress still to come.

To the medical student the modern hospital affords an opportunity to see the theories of the text-books illustrated, to acquire a certain amount of skill and manual dexterity by experiments of a practical nature; to come into actual contact with the sick; to develop the powers of observation so necessary to success in medical practice.

To the nurse the hospital offers opportunities for the exercise of the best gifts. It is the entrance into a larger life: a school in which mind and hand and heart are disciplined and trained to supplement in the most efficient manner the work of the physician in the war with disease.

In our hospitals are assembled the sick and the maimed who are not merely healed themselves, but by whose healing that is learned which will heal others in generations to come. The physicians and nurses who are there, both to heal and to learn, have the laboratories and surgical apparatus with which alone they are able to put their learning to its highest use and benefit. Such a conjunction in a hospital will prevent more disease in the generation to come than it actually cures in the generation with which it is immediately and personally dealing. This educational function of hospitals should receive the same prominence which is given to its actual relief of human suffering, and this function which hospitals under private management are performing is not the least claim to their liberal support by our people. Those who have kept in close contact with hospital growth in the United States have not failed to note their rapid increase by individual physicians located in the large cities; in fact, it is, we think, most marked in the small cities or large towns. It can, without question, be accepted as direct evidence of growing appreciation of hospitals by the medical fraternity. And that these hospitals, in the main, receive a very cordial support may be accepted as evidence of the growth of public sentiment in favor of hospital treatment.

The establishment and successful operation of private hospitals in small towns are still further proof of the feasibility of such hospitals. The building and maintaining of private hospitals involves so much business anxiety and so much diversion of energy that few surgeons feel willing to assume the cares of such enterprises, and yet there can be but little doubt that the control of a hospital is one of the largest factors in the success of a surgical and general practice, and there is no question but that from now on a considerable proportion of hospital growth will be due directly to individual physicians who feel the need of and realize the benefit to be had from owning and controlling private hospitals. But few subjects in relation to modern practice of surgery and medicine have caused more bitterness of feeling than the management of hospitals where too

many wished control, therefore, prejudices and jealousies must be laid aside for the sake of the common cause. Mistakes must be overlooked, for much is to be learned and learned by experience. Real success in any line does not consist in never making mistakes, but in never making the same one twice.

People sometimes talk as if a hospital was for the benefit only of the patients treated there. No greater mistake could be made. There can be no great doctors without big hospitals. The hospitals give more education in six months than general practice will give in six years and the spur is not simply on the young fellows beginning their work, but also on the doctor in charge, since he knows that in his clinics there are perhaps numbers of intelligent and sharp observers watching to catch him at fault in anything. The community with a hospital has far better doctors than the community without one. So it has come about that the modern hospital does not stand for charity merely, but for almost every step that is taken forward in medical discovery. It means an advance in surgical skill that would have been impossible in any other way. It means trained nurses, too, for few nurses could be trained outside of hospitals, so take it altogether about every modern comfort that can be found at the bedside of the rich can be traced back to the bedside of the poor in modern hospitals.

"We have too many churches and too few hospitals," said a noted doctor, in a recent address. Some people may be inclined to disagree with him, but the statement as regards to our country is nevertheless true. The Great Physician when on earth left three distinct commands: "Go preach the Gospel," "Go teach," "Heal the sick." There is no doubt that the first of these commands is receiving attention. At least if it is not, it is not because there are not sufficient churches erected for that purpose. Dr. Newell Dwight Hillis, of Brooklyn, in an article in "Everybody's Magazine," says that we have now one hundred and sixty-nine different denominations in the United States. Nothing is risked in saying that business men are now engaged in starving to death one hundred and sixty of these. In one town of 1,800 inhabitants visited by Dr. Hillis eight churches and eight ministers were struggling for an existence. While this condition of overcrowding of churches is seen in every State, it is hard to understand how the command, "Heal the sick," can be forgotten by the majority of the Christians. The burdens of hospital work are borne by a few, not the church or churches as a whole. While magnificent progress in hospital work has been made in the last decade, the needs are great. We need wards for contagious diseases; hospitals for chronic and incurable cases; orthopedic hospitals; sanitariums and homes for consumptives. And we need a great increase in endowment of the existing hospitals. The public needs educating, the Church needs educating along hospital lines. Princely givers so common in the European countries are not to be found in large numbers in this wealthy country.

A Christianity or a philanthropy that meets the demands of the times will foster colleges, libraries, orphanages, homes for the aged and hospitals. To build libraries and place books in the hands of those eager for information is a great work, but to repair the defective and failing sight so that one can see to read and work is a far greater deed. To endow colleges so that the young can have educational advantages is highly commendable, but to remove

disease and restore health and strength so that the helpless may be self-supporting and the body may have sufficient vigor to sustain mental labor, is a far more worthy work. To establish polytechnic institutes in which young men may receive special training for a life calling is the doing of generous hearts, but to take deformed and misshaped bundles of humanity and remove the crook from the back, straighten the twisted limb and deformed hands and feet and take the limp out of the gait so that the afflicted ones can enter the race of life freed from physical impediments is the noblest work man can do for his fellow-man. The library, the college, the hospital, these three are here to abide, but the greatest of these is the hospital. We do not undervalue the library or the college, but the need and value of the hospitals are in the present only dimly discerned. Eyes with which to see to walk, work and read are of far greater value than a book to read; hands, feet and limbs with impediments and deformity removed are more necessary to the masses than a school of technology; health is of much greater importance to the average man than college training. Without eyes to see the library is useless; without hands to toil, manual training is impossible; without health an education loses much of its practical value. Hospitals are the greatest of public necessities, for they serve humanity in the time of greatest need.

I believe the best evidence of a progressive town and the greatest benefactor to its people in this day and generation is an up-to-date hospital.

A great opportunity now presents itself. Hundreds of our best people are going to the cities and hospitals of the North for work in surgery, while hundreds of suffering men, women and children remain at home for want of a suitable place they can reach where such work may be done.

Physicians of North Carolina, I appeal to you—ought this condition to continue? Let the physicians of every city, town and county unite and set themselves to work for one common purpose of building and equipping the best and most modern and up-to-date hospital their money will buy.

First, it is economical, for that thousands, yea many thousands of dollars, are going from us and enriching the North, which we ought to keep at home.

Second, it puts relief in easy reach of hundreds of helpless poor, who are thereby made strong, useful and profitable citizens, useful to the State for that they are producers and no longer consumers only.

Third, it is humane and Christian-like.

Good hospitals within the easy reach of thousands and rich and poor alike are relieved of their suffering through the instrumentality of the physician and his skill.

No one can deny the value of the hospital. It is a part of medical progress and it has come to stay. The doctors whose services and time are needed and are a benefit to the hospital are men who have the power to raise the standard of work of the hospital, and who command a sufficient practice among paying patients to contribute materially towards its maintenance.

The care of contagious and infectious diseases in isolation hospitals has every advantage in caring for the same class of cases in private homes. For no class of diseases has the public made so little provision as for these ordinarily styled contagious or communicable. In some instances smallpox has run its course where the disease originated, even though it meant the risk of hun-

dreds of valuable lives, and the result is physicians are largely left to fight single-handed, not only one disease itself, but often in addition, ignorance, superstition and dirt, conditions that foster diseases of all kinds.

We have made much progress in sanitation within the last decade, but so much remains to be done that profuse congratulations of ourselves on what has been accomplished are hardly yet in order, rather in many towns we need some stimulus to urge us forward to safer grounds.

The existing boards of health in each county can do much to help forward the work of erecting isolation hospitals by urging and advising the county and town officials of the great necessity of such institutions.

It is not necessary to have either large or expensive buildings for this class of diseases. At a cost of approximately three thousand dollars a one-story cottage, capable of accommodating fifteen to twenty patients, bath and disinfecting rooms could be erected. This form of cottage is especially desirable for large and small towns. As these towns grow, as most of the towns now-days are doing, additional cottages can be erected at a small outlay. The money-saving and life-saving work of such a system will do more to commend such institutions to a public confidence than any other form of hospital work.

The quarantining of the homes of the poor has a grave meaning; for the men who struggle for bread, for comfort, health and life are only half successful at best. When his bread-winning opportunities are cut off his situation is sad in the extreme. The quarantine of wealthier homes is decidedly inconvenient, to say the least. When families are crowded together in hotels and apartment houses the quarantine placard means serious business to all concerned. The isolation hospital solves the problem for the rich and poor alike and the beauty of the scheme is the comparatively small outlay that is really necessary for the establishment of such work on a proper basis. Most towns and counties should be glad to pay for such institutions as in the long run it would lessen expenses, as compared with the present system, and results would be far better, hence the cost of maintenance need not deter the officials of the town and county from doubling their usefulness to the community at large by erecting an isolation cottage and thereby doing away with the rude, uncomfortable pest-house, where we do not feel willing to force our patients to stay with its accompanying inconveniences.

In conclusion, gentlemen, a few words relative to our organization. I cannot refrain from congratulating the society on the success the new plan of re-organization has achieved, sufficient beyond all doubt to satisfy the most skeptical. In 1903 the State Society had some 500 names on the roll, but only 283 were in good standing (on account of dues). In June, 1903, we reorganized, and at that time had less than ten county organizations in the State. In May, 1904, we met and had double the attendance we ever had at any State Society meeting, and there has been sent out transactions for 1904 to 905 members whose dues are paid up for that year. This speaks for itself. However, I wish to add that this fine showing is to a large extent due to the efforts of our efficient Secretary, Dr. J. Howell Way, who has spent much time and energy in furthering the progress of that great work, there being few men who could have accomplished such results.

I wish to impress upon the different

county organizations the importance of having an efficient, painstaking and business-like secretary, as much of the work devolves upon him and much of the success of the society is through his efforts.

The society is also to be congratulated upon having such efficient members in the Senate and House of Representatives as to successfully defeat the progress and invasion in our State of quacks, osteopaths and other designing fakes. To this same body is due also our thanks and the sincere thanks of the entire State, in establishing a State laboratory of hygiene, which was much needed and is a public beneficence.

Gentlemen, I assure you that I appreciate the thoughtful interest with which you have listened to my remarks, and trust I have been able to drop some thought that will be of material help to yourselves and those whom you serve.

Puerperal Convulsions.

By Dr. H. S. Lott, Winston-Salem.

We have all watched the gathering of a thunder-storm. Through an "unconscious consciousness" we are warned of its approach. A fleeting cloud here and there in the sky, gradually coalescing into a dark and threatening mass; a sense of oppression in the atmosphere, not to be defined, and evinced by a feeling of unrest in man, and even more markedly in animals; sometimes for hours and maybe days before the culminating explosion in a flash of lightning and in a peal of thunder. And we have wondered why it was, and what it was, and only find that with our wondering the mystery is deepened; and we are left to trace its source to the prime cause, vested in a Supreme Power, which holds the reins of nature's forces, and directs them as it wills.

Vague theories, accepting a multitude of possibly remote causes, are of little value to the practitioner when at the bedside of a women during an eclamptic seizure. This explosion is the culmination of a process, or of processes, which have been in progress in the organism for weeks, months, or possibly throughout the entire life-time of the patient; and be due to either diminished or excessive elimination. Nor to any one organ, or set of organs, can we lay the fault entire.

The "Ptomaines" and "Toxins" are ever present in the system, just as the elements necessary for a thunder-storm are ever present in the atmosphere, both in fluids and tissues. Health means that "waste and repair" (Emmet) are keeping up the equilibrium, from which slight deviations are manifested, primarily in functional disorders, and, as a rule, with nervous phenomena.

Says Bouchard, speaking of extrinsic forces: "You know that pathogenic influences are peripheral or central. It is in their action upon cutaneous nerve endings that cold and moisture interpose as a cause of disease." Also, "It is by their direct action upon nerve centers that many psychical disturbances, such as disordered affections and mental fatigue frequently bring about deteriorated health." However, in puerperal convulsions, it is not with such external causes that we have to deal, but rather with intrinsic ones, due to either faulty nutrition or faulty elimination. That the kidneys complain and fall short of their duty is true; but remember their important part as emunctories, doing most of the work, in fact, and the wonder is that they do their part so well, being no more to blame in the present crisis than the most remote tis-

*Read before the Forsyth County Medical Society, May 9th, 1905.

sue cells, which either exceed or fall short of the health line in their elaboration of material.

Therefore, we see that, little by little, through either excessive or deficient waste, the system prepares itself for the convulsive explosion. If the waste is excessive, the nervous mechanism, both peripheral and centric, is depleted, lacking in vital elements essential to healthy action and supreme control; if deficient, the same centers of control are surcharged; and in either case the poisons, which in normal proportions are harmless, gradually accumulate until they have passed the stage of tolerance, and in many cases, the stage of possible repair, as is manifested by the nervous phenomena of a convulsion.

To illustrate: Pregnancy, occurring in a woman of tubercular diathesis is like the touch of a lighted match to gun-powder; the conflagration is swift and certain, the cachexia develops, and the victim succumbs. Likewise the same inherent tendency to convulsive seizure may lie dormant until thus awakened.

Premonitions exist in nearly all of these cases; and, if we could have the patient under constant observation, we might, sometimes, avert the explosion. Notable among these are headache, paroxysmal and chiefly supra-orbital, more or less constant throughout pregnancy; an attack often coming on with or ushering in labor, and continuing until its completion. In a recent case, which proved fatal within six hours, these premonitory headaches were very violent, and accompanied by cramp in the fingers, and muscular twitchings about the face and mouth.

A feeling of oppression, with a "boring pain" "in the pit of the stomach" is an almost constant symptom, and as a rule immediately precedes the convulsive outbreak. Impaired vision is seldom absent. The delicate nervous mechanism of the eyes entitling them to early sympathy in all constitutional disorders. In a large number of cases there will be swelling of the extremities, with puffiness of the eyelids; or, without these, dull, aching pain "in the small of the back," and a urinalysis will show, most likely, albumen or phosphates, governed by the "type" or diathesis of the patient.

The bowels will alternate, most likely, between extreme degrees of constipation and laxity, while the appetite is most capricious. Nausea and vomiting are usually present, and the cases are most favorable for a happy termination, in which they are persistently so; this being nature's effort to rid the system of such materies morbi as would eventually surcharge the battery, and result in an explosion. While this symptom is favorable, it should be carefully watched, and every effort made to keep it on the safe side of the health line by means that will favor nutrition.

These premonitions, any one or all of them, may exist in such degree as to force the woman to seek medical advice; when the effort should be to stimulate the emunctories and keep up nutrition. The course which promises best for this end, being of your own selection in each case, and that which is best suited to the environments of the patient.

And again, the entire term of gestation may be passed in such comparative comfort and freedom from distressing symptoms that the accoucheur has no warning, but is hurriedly summoned and finds the woman in the midst of the convulsion, which is often the beginning of labor. Also, the same group of premonitions existing in greater or lesser degree, the woman may go through with gestation, terminating in

a perfectly safe and normal labor, and then a convulsive explosion occur several hours after delivery.

It is when thus confronted that the momentous question "what is best to do?" presents itself to us. In this, as in many of our perplexities, we can hardly establish a routine course of treatment. Inhalations of chloroform best control the convulsive explosions, at the same time staying the violent expenditure of nervous force, and the excessive vis metabolica of the tissue cells.

Where it seems best to await the action of nature's forces, enemeta containing thirty grains of chloral hydrate and repeated after several hours interval, if necessary, gives a more prolonged effect, and is directly antidotal to the existing toxins.

The hypodermic administration of morphia, in one-fourth grain doses, is at times most prompt and helpful in its results; but when giving it we should remember that it locks up the secretions and checks assimilation, thus defeating the end for which we should strive, which is to stimulate the emunctories and keep up nutrition.

Avoid the salts of potash and ammonia, they but add fuel to the fire, which is kindled in large part by an excess of these salts in the tissues. Bouchard says further, "We find in the urine another convulsive substance, fixed, inorganic; it is briefly potash, the toxic and convulsive properties of which we have known for a long time." Also speaking of the destruction of blood corpuscles producing such phenomena as convulsions, etc., "Of these effects, some are due to the mineral constituents; from the potash, notably, the convulsive phenomena arise." And again, "In every case there is good cause for taking into account potash in the toxic phenomena consequent upon the retention of substances which ought to be eliminated by the urine; for the accumulation of potash may go on more rapidly than that of other substances coming from the organism."

Prompt catharsis, by elaterium or croton oil, if the demand is urgent; or better still, if there is time, by a full dose of calomel and soda, is most beneficial. If there is a practice which may be counted as routine, and one that should be used in every case, it is to bleed the woman freely from the arm. If she is at all full and plethoric, and a majority of them belong to this type, there is far more danger of taking too little blood than there is of taking too much. A very good rule is not to stop short of a quart, and to take more if need be, until the face is blanched, and the radial pulse is soft and regular.

The induction of premature labor, prior to the seventh or eighth month, and in the absence of pains indicating the co-operation of the uterus, is a traumatism, which should not be added to the existing pathological conditions. If, however, the woman is approaching full term, or even before this time, if labor pains, even though they be slight, accompany the convulsive explosion, it is best to hasten the emptying of the womb.

Forcible, rapid dilatation of the os, under the relaxing influence of chloroform anæsthesia, is comparatively safe. By hastening its delivery it increases the chances of life for the child, and, by relieving the pelvis and abdomen of their burden, enables us to stimulate the emunctories, and thus unload her system of the poisons which are threatening the life of the mother.

The methods of rapid dilatation which I have used are two. One is a very simple and very effective method of manual dilatation, that has served me for years, and helped me out of

many trying emergencies, in which the fingers are used as dilators. It is practiced as follows:

The index finger (its tip being most conical) is "wormed" into the os by a spiral motion, and with it gentle traction is made toward the symphasis, sufficient force being gradually used to make room for the introduction of the middle finger. Now the index finger is held taught, its fixed force inclining to the anterior portion of the cervix; while the middle finger, introduced to the full distance of its first joint, is flexed with force, repeatedly, thus making room for the ring finger, with which force is applied to the encircling os in like manner as with the middle one. Through this maneuver room is made for the little finger, and also, and often simultaneously, for the thumb; and upon the introduction of the latter the leverage becomes most powerful, and the dilatation is soon accomplished.

An excellent method of practicing this maneuver is by making a closed circle with the thumb and index finger of the left hand, and then dilating it with the fingers of the right.

The result of this method of dilatation, especially under chloroform, is very prompt, and the dilatation is effected without the introduction of foreign bodies into the uterine cavity. It may be practiced at any time, with the two hands; used at almost any stage of gestation after the very early months, and when the fingers are properly educated and the muscles trained to their work, the dilatation can be accomplished in a very few minutes.

The other method is one of mechanical dilatation, in which the os is opened with a metallic dilator. A report, with full description of this Obstetrical Rapid Dilator, may be found in the North Carolina Medical Journal, May, 1892, Vol. XXIX, page 257. Also, in American Gynæcology, September, 1903, Vol. III, No. 3..

The mechanism of the instrument is simple but accurate; the dilatation gentle but sure Its four blades giving four points of peripheral irritation in the circumference of the os; with an easy dilatation of from three to four inches, and sufficient for the introduction and application of either long or short forceps.

Such dilatation should always be done under chloroform anæsthesia, and with all of the aseptic precautions of a surgical operation; some slight injury to the maternal parts being almost unavoidable.

The metallic dilator is a powerful instrument; and, while it should have a place in obstetric service, it should only be used in extreme emergencies, where prompt delivery, through the natural outlet, is essential to saving life, and cannot be accomplished by manual methods.

Etiology of Cirrhoses of the Liver.*

By S. M. Crowell, M. D., Charlotte, N. C.

However many varieties of Hepatic Cirrhoses there may be and whatever the modus operandi of the production of each morbid state, there is, in all forms, an increase of the interlobular connective tissue which in one variety becomes cicatrized and the liver is *reduced* in size, while, in another variety, the corresponding connective tissue becomes hypertrophic and the organ progressively enlarges.

In both varieties, the tendency is to disturb the normal anatomical relations of the Hepatic tissues, and subsequently pervert or eventually destroy the functions of the liver unless the causal factors are removed.

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*Prepared for the North Carolina Medical Society at Greensboro, May, 1905.

This pathological process is called chronic inflammation ultimately leading to Cirrhoses of the liver, which is characterized by various phenomenæ of the gastro-intestinal, biliary, circulatory and cerebral organs.

For a working hypothesis, I shall subdivide cirrhoses into three (3) principal varieties after the classification of Nothnagle and others of international repute. This classification has reference to the pathology of the three (3) varieties and is as follows, viz., (1), Atrophic; (2), Hypertrophic, and (3), Biliary, the frequency of the occurrence being as above named. The varieties are differentiated microscopically by the beginning point of the morbid process, and macroscopically by the size of the liver and certain pathological phenomenæ.

PHYSIOLOGY OF THE LIVER.

In order to more intelligently present the subject of Cirrhoses it is necessary to briefly review a part of the physiology of the liver:

(1). The liver acts as a natural filter or purifier for the blood from the portal system, its cells abstracting any foreign toxic or effete matter from the blood and eliminating said morbid products from the system through the various biliary channels into the gut and are thus normally eliminated from the system.

(2). The liver is a secretory as well as an excretory organ, elaborating the antiseptic bile out of the materials supplied by the portal blood. Therefore, it might be called an organ of the various functional activities, the chief of which is possibly to furnish the fluid bile, which conveys into the gut the toxic materials collected by the portal system from the septic gastro-intestinal tract. If the normal arrangement is kept in operation any reasonable amount of toxic or effete material is eliminated from the blood, and the integrity of the gastro-intestinal tract, the liver and other organs is retained. In case there is a gastro-intestinal disturbance and consequent derangement of hepatic cells and lowered power to perform their functions, then there will be a preponderance of toxines, ptomaines, etc., in the portal circulation or system. This is true especially in middle or advanced life when the vitality of all tissue cells is lowered. With above conditions, the liver fails to properly functionate, and easily succumbs to the attacks of the various pathological agencies.

(3). Chapman says: "The bile still retains, to some extent, its aseptic properties in the alimentary tract, preventing fermentation, the formation of gases, etc., and that it is a good lubricant, acting, possibly, as a natural laxative, and that it emulsifies the ingested alimentary fats, rendering them assimilable." For example, in many of the acute infectious diseases, the microorganisms and their products are eliminated by the liver, through the alimentary tract. But any condition bringing about a gastro-intestinal indigestion and perversion of function of the liver cells will retard elimination of the various toxic or effete materials.

Chronic Alcoholism and many other chronic diseases, as pulmonary tuberculosis or cancer in various parts of the body, we are told by our most competent American and European authors, are among important factors in the production of the gastro-intestinal perversions which are conducive to the various stages of Chronic Hepatic inflammation and subsequently the development of Cirrhoses of the Liver.

Accepting the conclusions of the above authors, combined with my own studies and observations, for a work-

ing hypothesis, I feel safe in making the assertion that any habit or practice producing a morbid condition, existing a sufficient time to bring about a state of the gastro-intestinal tract sufficient to pervert or destroy its functional activity, will form a favorable condition, and consequently a medium for the lodgement, retention, development and propagation of the various micro-organisms whose products, to my mind, are the factors which directly produce a Hepatic Cirrhoses.

Alcohol in its various forms, is preeminently the most common predisposing factor in the production of the above Cirrhoses. It is not at all probable that this Cirrhotic state of the liver is produced by the direct or chemical action of the alcohol on that organ. We adhere to the more plausible hypothesis that the alcohol first produces a gastro-intestinal irritation, impaired indigestion and assimilation and subsequently a disturbed anatomical relation, and perversion of said organs, *i. e.*, indigestion and the formation of a favorable medium, of the undigested food, for germ propagation, ultimately resulting in inflammation and the destruction of liver cells and the formation of fibrous tissue which replaces the destroyed liver cells, hence cirrhoses of the liver as a result of the absorption of certain toxic elements, by the portal vacular system from the septic alimentary tract which is due to the previously explained faulty metabolism.

Naturally, when so disturbed, the liver cannot exercise its normal functional power over the preponderance of the toxic matters absorbed by the portal system from the pathological alimentary canal, and that the cells of the mucous membrane are so lowered as to more easily admit into the circulation a portion of the poisonous matters that should be eliminated through the intestinal tract. Ordinarily the liver arrests, renders inert or eliminates such poisons from the system, but when involved as above, eventually succumbs to corrhoses. In looking up the literature on this subject, we find that Boix of France has also come to the conclusion that hepatic cirrhoses is due to the absorption from the deranged alimentary tract toxic matters or more especially the products of fermentation. In his experiments upon animals he treated a large number with lactic, acetic, butyric and valerianic acids, and obtained cirrhoses of the liver. He then combined alcohol with these various acids, and again produced a more typical atrophic cirrhoses. Boix having demonstrated on animals that the absorption of the by-products of intestinal indigestion, toxines, etc., is the direct cause of Hepatic Cirrhoses, and having associated with Cirrhoses, in man, an early history of gastro-intestinal indigestion and its consequences, one could logically conclude that anything producing a chronic gastro-intestinal indigestion would be a factor in the production of Cirrhoses of the Liver.

THE OPIUM FACTOR IN THE PRODUCTION OF HEPATIC CIRRHOSES

Although alcohol is one of the most common predisposing factors in the production of indigestion and its sequel, hepatic cirrhoses, opium, in our experience, is also a very prominent etiological factor in cirrhoses of the liver, and a hypothesis which I have never seen advocated. But considering it from a toxic standpoint, it appeals to my mind as a reasonable and logical phase worthy of study. I have in my practice encountered several cases of Cirrhoses, especially the Atrophic variety, in which I could attribute no

other cause of the pathological state than Chronic Opiumism. I have at present a case—a lady 50 years old—whose history is absolutely devoid of alcohol as well as the other etiological factors, but has been addicted to the use of morphine about 10 or 12 years. She is now presenting all the typical symptoms characteristic of Cirrhoses of the Liver. It is useless for me to rehearse the conditions brought about by the habitual ingestion of opium, and more especially its detrimental action upon the digestive process. According to Chapman, opium destroys the phagocytic action of the leucocytes, thus increasing the eliminative work of the liver and kidneys.

This, coupled with the increase of the absorption of the by-products from the deranged intestinal tract due to the action of the drug on the digestive secretions, produces the chronic inflammation which eventually lead to Cirrhoses.

Report of a Case of Round Cell Sarcoma of Tongue, Tonsil and Part of Soft Palate--Extirpation--No Recurrence in Three Years and Three Months.

By St. Clair Spruill, M. D., Clinical Professor of Surgery, University Hospital, Baltimore, Maryland.

The condition from which this man was suffering, Round Cell Sarcoma of Tongue, is sufficiently rare to justify my bringing this patient before you. Only 36 cases are recorded in literature of Sarcoma of Tongue, with or without operation; seven of this number were treated with total extirpation of tongue with but one recovery. I wish to indicate briefly some of the most important points in making a diagnosis, and to describe the technique of the operative treatment.

Diagnosis.—The clinical diagnosis of Sarcoma of Tongue is extremely difficult. It is most frequently mistaken for Gummata, less rarely for tuberculosis and Actino-Mycosis. When ulceration takes place, the clinical picture is very similar to that presented by Gummata.

They should be differentiated by the history of onset and evolution of the disease, and the use of anti-syphilitic treatment.

Sarcoma of the Tongue usually occurs between the ages of forty and fifty, occasionally prior to these limits. Metastasis is the exception, rather than the rule. The superficial epithelium usually remains intact, unless the tumor grows very rapidly, then it ulcerates, becoming crater-like in shape. The growth is generally soft and not well differentiated from the surrounding tissues. The pain resembles that of Carcinoma, radiating to all parts supplied with sensation by the fifth nerve, especially to the ear, and temporal regions, being conducted by the lingual nerve, and from it to the other branches of the inferior maxilliary nerve, especially the auriculo-temporal. Possibly pain in the ear may be due to the implication of the fibres of the glosso-pharyngeal nerve, which by tympanic branch is conducted to the tympanic plexus.

Gummata, on the other hand, may occur at any age, and are usually seen at the tip or margin of the tongue. They may be multiple or single, generally painless, ulcerate early if untreated, having a base covered with a tough secretion, which can be removed without causing bleeding, while in Sarcoma the ulcerated base bleeds freely upon manipulation.

With the clinical history, anti-syph-

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[1]Read before the North Carolina Medical Society at Greensboro, May, 1905.

ilitic treatment and microscopical examination of a section of the growth, there should be no doubt as to the proper diagnosis.

Treatment.—The treatment should be thorough and complete, as Sarcoma of the Tongue presents no feature different from Sarcoma in other parts of the body. I cannot understand why there should be any difference in the treatment when located in the tongue, from that of Sarcoma of the breast or elsewhere. If we operate and fail to remove entire growth, it is sure to return in this location as in any other.

When the growth is located at the base of the tongue, it is best to extirpate the whole tongue, together with submaxillary, sublingual and nearest lymphatic glands, and all affected surrounding tissue.

The procedures for the excision of the tongue are many; it may be removed through the unaltered mouth; through an incision in the neck; through the mouth after splitting the cheek, or temporarily dividing the inferior maxilla; and after excision of the inferior maxilla.

The choice of the operation should be influenced by the extent of the disease. I selected Kocher's operation.

Case.—Mr. McC., age 40, was admitted to the University Hospital on March 25, 1902, complaining of dryness in the mouth, pain, difficulty in swallowing and a tumor on the dorsum of the tongue. He first noticed this growth about two months before consulting his physician, Dr. Monroe. At this time it was very small. On admission to the hospital, I found a crater-like tumor about the size of a walnut at base of tongue, involving the right tonsil and soft palate, somewhat harder than the substance of the tongue, raised well above its surface, and slightly elevated at the top, and bleeding easily upon palpation.

The right submaxillary, sublingual and the chain of glands along with the corotid artery were found to be enlarged. A small section of the growth was removed for microscopical examination, and was returned from the pathological department with the diagnosis a Round Cell Sarcoma.

Operation.—April 4, 1902.—Patient being anæsthetized with chloroform and field of operation rendered aseptic and incision was made on the right side along the anterior border of the sterno-mastoid muscle, from the mastoid process to about the center of the muscle—thence transversally forward in the crease between the floor of the mouth and the neck, to the hyoid bone—thence along the anterior belly of the digastric muscle to the symphysis menti. The skin and subcutaneous fascia being divided, the flap was turned back by dissection over the cheek. All enlarged glands from the upper end of the sterno-mastoid and from beneath the angle and body of the inferior maxilla were removed en masse. The submaxillary gland was dissected up, working from behind and removed simultaneously with the cervical glands.

The sublingual gland was similarly removed. The facial artery and vein were tied, as soon as exposed in the process of raising the submaxillary gland.

The lingual artery was tied near its origin, before passing under the hyoglossus muscle. The incision was continued on the left side from the one at symphysis to the border of sterno-maistoid, and the above steps repeated on this side. The mylo-hyoid muscle was now exposed and as far as necessary the mucous membrane cut close to and parallel with the inferior maxilla—and the mouth entered.

The tongue was now seized and drawn through the floor of mouth and wound in the neck. The jaw was held up by an assistant and the tongue removed with curved blunt scissors, together with the tonsils and soft palate.

The glands under and posterior to the sterno-mastoid on each side were removed through a second incision back of this muscle. Kocher always performs a tracheotomy before this operation. In this case it was not done, and only a few drops of blood were lost during the excision of the tongue.

The denuded surface was now swabbed over with chloride of zinc, 40 grains to the ounce, which prevents immediate sepsis by causing the wound to be covered with an inflammatory exudate. The cavity was packed with gauze and the flaps brought into place, leaving a small drain at the bottom of wound. Following the operation, the maximum temperature, 100 2-5 degrees, was on the second day.

Patient was discharged from the hospital April 24, 1902, in good condition, with no evidence of post-operative metastasis.

At the present time, three years and three months since the operation, patient is in good health, works daily, presents no sign of recurrence, and, I think may reasonably be reported as the second recorded recovery of Sarcoma of the Tongue treated with total extirpation.

Appendicitis.

By LeGrand Guessy, M. D., Columbia, S.C.

Mr. President, and Gentlemen of the North Carolina Medical Association:

Appendicitis has been chosen as the subject of this paper because of all the acute abdominal lesions known to the profession to-day this is the most important. It is a fact that at the Massachusetts General Hospital in Boston during the year 1901 there were one thousand and two abdominal operations and out of this number three hundred and thirty-seven were on the appendix alone. This condition is not confined to the Massachusetts General Hospital, gentlemen, but exists practically in every place where surgery is done. This statement is made at the outset to impress you with the overshadowing importance of this disease, and with the imperative necessity of understanding its pathology and clinical history thoroughly enough to be early and accurate in diagnosis. It is about fifteen years since Fitz of Boston gave to the medical profession his classical treatise on appendicitis. It would not be wide of the mark very much to say that the birth of this disease was in Fitz's paper. Fitz taught us its pathology, he taught us what the disease really was, and its scientific and rational treatment followed not only logically but of necessity. In spite of all the brilliant work that has been done and of all that has been written about this disease, the last word has not yet been said. There are still questions concerning diagnosis, prognosis and treatment that have yet to be settled. We shall first discuss the important clinical symptoms as bearing directly upon the question of diagnosis. We quote the following from Maurice Richardson:

"Symptoms are severe if pain continues unabated, with fever, right sided rigidity and tenderness, especially if there is vomiting and distention. The constitutional signs are less important than the local at this stage, for in some infections, even if they are general, the pulse and temperature may be but slightly affected. Indeed, constitutional symptoms greatly outweighing the local should excite the most careful consideration when appendicitis is sus-

pected, for the former may be merely the expression of an acute absorption from the gastro-intestinal tract, the local signs being perhaps only a painful colic, affecting the right rather than the left side of the abdomen. On the other hand, pain that has made its way to the region of the appendix, that remains there, that is accompanied by extreme muscular rigidity and tenderness, even without fever, should excite apprehension and raise the question of intervention. With tumor and with fever these symptoms require operation, unless there is rapid and unmistakable amelioration; they demand it if there is constant vomiting and beginning distention, even if some of the symptoms show signs of improvement."

PAIN.

According to the above quoted author, pain is the most urgent, the earliest, most important and most easily misinterpreted sign. In the beginning of an attack pain is usually felt over the entire abdomen, and at this time is especially referred to the umbilical regions. Within the first twenty-four hours it generally localizes itself to the definite area of the appendix, most usually under McBurney's point. If the infection does not become localized, neither does the pain in the great majority of cases at least; in other words, the pain spreads pari-passu with the infection. In some cases we note a sudden subsidence of pain and then an almost equally sudden re-appearance; this means renewed infection, and the case should be most closely watched, as we may then have to deal with a condition of beginning general peritonitis.

Given a patient with acute appendicitis and if after twenty-four hours the pain becomes more intense, operative aid is a necessity.

TENDERNESS.

From onset to termination, there is tenderness on pressure over the region of the appendix. We must remember here that the appendix is not always located in the same position, but commonly we find it under McBurney's point. Remembering the relation of the vermiform appendix to the caput-coli and remembering also that the same nerves which supply the appendix also supply the cæcum and the illeo-cæcal valve, we can readily understand that sudden pain is caused by the passage of gas over this inflamed area. On the other hand, dull and continuous pain indicates localized peritonitis.

NAUSEA AND VOMITING.

Ochsner's description of this system is so admirable that we quote it entirely:

"The localized congestion in the vicinity of the illeo-cæcal valve prevents the natural passage of gas and intestinal contents from the ileum into the cæcum, and this, in turn, interferes with the physiological process of digestion of the food which has been taken into the stomach. We have consequently the same reason for return peristalsis that is present in any other form of mechanical intestinal obstruction. This condition gives rise, primarily, to a feeling of nausea; and, secondarily, if the condition is not changed, the undigested decomposing food is forced back into the stomach by the persistent return peristalsis, and there gives rise to vomiting, precisely as any other similarly nauseating substance would were it taken into the stomach through the mouth."

RIGIDITY.

This symptom is of utmost importance because by it we can early make a differential diagnosis between acute

salpingitis, gastritis, biliary colic, etc. Rigidity is a symptom of onset rather than of fully established appendicitis, for as the disease becomes fully shut off the tension diminishes and so does the rigidity. It means but one thing, involuntary protection of the underlying structures. "Rigidity with distinctly localized pain strongly suggests appendicitis; with fever it almost proves it and with tumor it fully establishes the diagnosis." This symptom alone will very surely be the index to the extent of the peritoneal invasion.

TEMPERATURE.

There is no more capricious symptom in appendicitis than this one of temperature; it may have a very grave significance or it may not, but things being equal, temperature is a very important symptom. All of us have seen very slight lesions of the appendix with very high temperature, and on the other hand, very grave lesions with little or no temperature. Ochsner believed that more cases are lost because the physician in charge is not concerned about temperature than from any other cause. A steady, continuous temperature, or one that rises from 100 degrees F. to 103 degrees F. indicates either a local or a general infection, and according to Richardson, if these symptoms do not demand operation they demand very strong reasons for non-intervention. In the infections due to colon bacillus the temperature is low, in streptococcus the temperature is very high.

PULSE.

The pulse is of prognostic rather than of diagnositic value. We believe it to be a great msitake to wait on the pulse to give us the indication for operation. It is very much like waiting on the condition of collapse before deciding to operate on a typhoid perforation, collapse is not a symptom of perforation, but it is rather the result of perforation. When the pulse is regular and in the neighborhood of 100 there is generally no immediate danger, although there may be great danger within a few hours. "When high and of poor quality the pulse shows perhaps more than any other symptom the depth of the constitutional infection."

TUMOR.

When tumor occurs it adds a sign to the clinical aspect of the case that makes positive the diagnosis. Tumor is also of vast importance not only to the necessity of operation, but also for the location and extent of the incision.

TYMPANITIS.

In the early hours of the attack tympanites is caused by the failure of gas to get by the inflamed ileo-cæcal valve; in the later stages it is due to the decomposition of food.

LEUCOCYTOSIS.

When properly taken and at the proper time, we believe this to be one of the most, if not the most, valuable single signs, as well as one of the most infallible. A Leucocyytosis of 15000 or over in the early hours of an acute appendicitis, is most surely an indication for immediate operation; on the other hand, when the white cells are practically normal or only slightly increased the necessity for operation is not urgent.

In a goodly number of cases we have operated solely on this sign, and have never had reason to regret it. We would impress the fact that the white cell count is of chiefest value in the

early hours of the attack, more than any other sign we believe that it will point to the actual condition of the appendix.

The following is contained in a personal letter from one who stands at the head of the surgical profession in this country: "My feeling is this, if I have reason to suspect an appendicitis, no matter how mild the symptoms may be, and yet find a leucocyte count of fifteen thousand or over, I operate at once without fail. If on the other hand, I am called to a case where the symptoms of appendicitis may be rather pronounced and yet with a low leucocyte count, I am never in such a hurry to operate, and rarely under these circumstances find anything more than a catarrhal condition."

So much for the symptoms, gentlemen; I trust that they are sufficiently clear to be thoroughly understood. This paper does not deal with the question of when to operate because it is our belief that this point has to be decided by the surgical intuition of each individual operator, and cannot be determined by any fixed rule. We feel perfectly safe, however, in laying down this rule, that every case should be operated on as soon as the diagnosis is made, provided such diagnosis can be made within twenty-four hours. The reason for this is obvious, if it were possible to operate on all cases within twenty-four hours, in nearly every instance we would operate before the infectious process had gotten beyond the appendix; in other words, we would be able to do clean work in an uncontaminated field. The cases are very few indeed in which the infection spreads beyond the appendix itself within twenty-four hours. So much for the early cases.

As for the later ones, seen on the third, fourth and fifth days of the attack, the clinical as well as the pathological condition is entirely different.

"After the first forty-eight hours the conditions found at operation differ materially from those of the earlier hours. Necrosis has been fully established, localization has become successful, or infcetion has become general. The appendix will be found imbedded in recent adhesions; contiguous to it, surrounding it, or in some way connected with it will be found a foul-smelling liquid exudate teeming with bacteria. This exudate will vary in its location between wide limits of peritoneum. It may be far to the right, behind the cæcum; it may be high, involving liver and kidney; it may fill the pelvis or cover the bladder; it may be buried among small intestines; it may be directly under the skin; it may appear even in the left lower quadrant of the abdomen."

Is it not fair to question a policy of universal intervention when cases are seen at this most critical stage of the disease? To be perfectly fair, however, one must acknowledge that with increased experience the operative results in even the gravest forms of the disease are surely improving. Richardson puts the question in this way: "The essence of the whole question is to select those cases who without operation will recover, and those who without operation will die." There is one class of cases we feel convinced that the mortality would be materially reduced by treating them after the method of Ochsner. Patient in approximately this condition: Temperature 104 F., pulse 140, abdomen enormously distended, pinched features, delirium, and stercoracious vomiting. These are the cases in which the operation is attended with great mortality.

I can do no better than to quote at this point a passage from Mynter's

work on this subject:

"The third group is represented by twenty cases, Nos. 31 to 50 inclusive, all of which had gangrene with perforation and beginning or diffuse peritonitis. Five of these recovered while fifteen died, one of gangrene of the cæcum and one of pyelophlebitis suppurativa after the peritonitis had disappeared, and thirteen of diffuse peritonitis. Two were operated on within twenty-four hours, three on the second day, three on the third day, five on the fourth day, two on the fifth day, four on the sixth day and one of the seventh day. The five who recovered were operated on in two cases on the first day, in two cases on the second day, and in one case on the third day. Of the fifteen patients who died, one was operated on during the second day, two on the third day, five on the fourth day, two on the fifth day, four on the sixth day, and one on the seventh day. Comments seem unnecessary. All died if operated on later than the third day."

The whole question of appendiceal surgery would be settled were it possible for us to know one thing, when is an inflamed appendix for the first time going to give rise to serious trouble? This question we do not know and there is no way at present to find out. Could we know this we would always anticipate the danger by the aseptic removal of an aseptic appendix. We will close our paper by the following quotation because it sums up the situation better and more thoroughly than has ever been done by any one else so far as we know at least, and it does give us in a general way an insight into the question of when to operate and when to advise operation.

"The indications for operation in appendicitis are present whenever the disease is strongly suspected in patients whose general and local conditions justify the operation. Some cases should be operated upon immediately, some require delay for a more favorable opportunity, some permit leisurely selection of a convenient time. The time for operation is the most important consideration; chronic cases may be operated upon at any time, for they are all practically aseptic and permit immediate closure of the wound. Acute cases may or may not be operated upon at once; the question is too broad to be discussed at this time; it is a great mistake to remove an appendix as soon as the temperature has reached the normal line, for there is little to be gained over the operation in the acute stage; the infection is quite as virulent and therefore quite as dangerous; closure of the wound is prolific of disaster and drainage is necessary. Many a death has followed an operation at this time, when the wound has been tightly closed. The patient should be left until a month at least has elapsed after complete convalescence."

Such, gentlemen, is the feeble presentation of one of the most vital questions that engages the attention of the general surgeon. The paper may not have been helpful, for claim is made neither to novelty or originality, but an earnest endeavor has been made to present the subject in the most advanced light. We have certainly reached the goal of an honest endeavor.

What The "Grip" Is.

Asked what made him look so ill, an Irishman replied, "Faith, I had the grip last winter." To draw him out, the questioner asked, "What is the grip, Patrick?"

"The grip!" he says. "Don't you know what the grip is? It's a disease that makes you sick six months after you get well."—Ladies Homes Journal.

Pretubercular Symptoms.

W. F. S. Dodds lays special stress upon "The importance of the early recognition of pretubercular symptoms" (Cent. States Med. Mag., April, '05). Much damage is done by the practice of waiting for bacilli in the sputum. Patients may have a localized tuberculosis long before involvement of the lungs becomes apparent. Nothing is gained by waiting for the appearance of bacilli, but much time is lost. The early recognition of tuberculosis requires time and study, but the results justify the means. Study must be made of previous conditions, physical conditions and clinical conditions.

Previous conditions consist of family history, occupation and manner of life. Physical conditions are normal resistance, general build and tone of constitution—exposure and dissipation, general nutrition and defects noticed from careful physical examination. Clinical study is of the actual morbid conditions present.

The whole is thus summarized:

"The physical condition of an individual and his manner of life, which is known to favor tuberculosis, will assist in a diagnosis; a positive tubercular environment with a tubercular family history greatly increases the danger of infection, and renders the individual more susceptible; progressive loss of weight and strength, with increasing anemia, and a persistent temperature, are symptoms of marked value in a tubercular suspect. Localized and persistent bronchial catarrh, adventitious apical sounds, altered respiratory movements, disturbed digestion, slight, dry cough, weak voice, glandular enlargement, and finally infiltration and consolidation of lung tissue, compose a picture of convincing evidence of an approaching tuberculosis. One or all of these symptoms may be present in a given case, and the progressive tendency of the conditions in proportion to the involvement of the tissues is within certain bounds diagnostic of tuberculosis."

Gonorrhœal Arthritis.

Von Tiling alludes to the unsatisfactory results in the usual plans of treating gonorrhœal arthritis, and claims (Jour. A. M. A., April 29, '05) for Bier's treatment by hyperæmia better results. This is accomplished by bandaging the limb with thin rubber, such as is used for bloodless operation, and is called by Bier "hot damning." The return blood is retarded in its flow, and produces hyperæmia, and relieves the pain, produces a bactericidal effect, and has a dissolving effect upon the infiltrations around the joint. If pain is not lessened the bandages are not properly applied. Change positions of bandage night and morning. Apply by drawing it moderately tightly in several layers. Gauge may be placed next to skin to protect it. Distal end of limb may be bandaged with flannel. Joint may be painted with iodine to produce slight inflammation, which increases hyperæmia. If skin is cold to touch or has white appearance, bandage is too tight. It is sometimes difficult to obtain the proper degree of hyperæmia, and avoid constricting the arteries. It is only the superficial veins that need to be damned. The plan is so far superior to the older ones that it is urgently recommended.

The Social Evil.

Howard A. Kelly defines the social evil as "mercenary sexual debauchery." There would be no social evil and venerial diseases but for prostitution. Its control has been a burning question

for ages. Egypt, Assyria, Greece, Rome and the modern Latin nations were preceded in their downfall by lust and corruption. Germany is honeycombed with it and England and America are following suit. All people are responsible for aid in its control. On the trio, the minister, the lawyer and the doctor does the responsibility rest the heaviest. Three possible attitudes exist: Indifference; government control, and a personal crusade inspired by a sense of personal responsibility. The first two are condemned. Indifference as the attitude of the past has brought sin and disease, debauchery and corruption of the body politic, and government control has not in any way retarded the evil. To control it we must recognize our individual responsibility toward all whom we can in any way hope to influence, toward our children first and then toward our patients, warning them in season and out of season to inculcate good morals, not failing to warn them that the penalty of sin is death—the worst of all kinds of death, a living death to all moral sense. This responsibility belongs to every man and woman in this country. Any other course destroys hope.

Local Anesthesia.

Dr. Frank W. Stevens speaks highly of the injection of sterile water (Jour. A. M. A., April 29, '05) as a means of producing local anesthesia. The technic is simple, only requiring a hypodermic syringe with long fine needle and warm sterilized water. Sterilize syringe and field of operation, pinch up skin and insert needle into, not under, the skin and inject a few drops of water, wait a moment and push needle slightly parallel with skin, continue until needle is empty, withdraw and refill, insert within line of wheal, and thus go over lines of incision. Next insert needle under skin and make injections sufficient to produce a good sized ridge. This can then be incised without pain. Hemorrhoids can be anesthetized by injecting the water directly into them until they turn white.

The advantages of the procedure are (1) effective and quickly and easily produced, (2) no elaborate preparations, (3) no toxic effects, (4) no nausea, vomiting or straining, (5) not contra-indicated in heart, kidney or lung complications (6) no after pain as in cocaine anesthesia, (7) useful in emergencies when other plans cannot be secured.

A little practice will demonstrate its utility and enable one to recognize the amount of distension necessary.

Toxemia of Pregnancy.

Under the heading of Hepatic Insufficiency in Obstetric Practice (Jour. A. M. A, April 8, '05), J. Clifton Edgar says that the belief in the existence of a special auto-intoxication of pregnancy is gaining ground. The fearful common morbidity of the puerperum is much reduced since the advent of asepsis, but the death rate is still large, and is attributed to many causes, as eclampsia, placenta prævia, etc., anything rather than sepsis. Leaving out maladies of genital origin (placental anomilies, etc.) the pre-eclamptic state is the only pathological condition of pregnancy. The pre-eclamptic state predisposes to sepsis, and when a woman goes to term in this condition we fear both eclampsia and sepsis. The various phenomena of pregnancy and post-puerperal period are auto-intoxication and are dependent upon functional incapacity or inefficiency of the liver. Predisposition to hepatic insufficiency

renders the occurrence of grave symptoms of toxemia in early pregnancy a foregone conclusion. In these cases it may even be necessary to empty the womb in order to save the patient. Cases of auto-intoxication of pregnancy must be treated by stimulating the hepatic functions. A woman going through one pregnancy with eclampsia should be closely watched in the next, possibly advised against subsequent conceptions.

He reaches the following

"CONCLUSIONS.

"1. The preventive treatment of much of the morbidity and mortality of pregnancy and of the puerperum depends on the early recognition of the autotoxemia of pregnancy, as it shows itself in the clinical picture of hepatic insufficiency.

"2. No one who has had an extensive obstetric experience can fail to observe that a large number of pregnancies are really pathologic in their nature.

"That a specific toxemia of pregnancy exists will probably soon be admitted on all sides. It is, of course, very easy to attribute to the autotoxic state certain symptoms of the pregnant woman which proceed from other sources; and it is by no means impossible that pregnancy may predispose to more than one toxic condition. In any case, however, the presence of the hepatic toxemia must be borne in mind —whether it be the principal state or accessory to other facts.

"3. Our present knowledge of the pregnant state demands that women at this time should be constantly under the observation of a competent physician. Pregnancy cannot be treated through the mails or over the telephone.

"It is enough that a monthly or bimonthly examination of the urine be made for symptoms of hepatic or of renal insufficiency, as such urinary analysis often fails completely to indicate the presence of toxemia.

"A pregnant woman should be seen frequently by her physician and watched for general symptoms of the overcharging of the blood with toxic material, such as nausea and vomiting, headache, physical and mental lassitude, high arterial tension, alterations in character and disposition.

"Thus, and thus only, shall the physician do his whole duty by his patient."

Diphtheria Antitoxine For Goiter.

LEGG was treating a family for diphtheria, and gave one adult member who had an ex-ophthalmic goiter, 1,500 units of antitoxine for a moderately severe case of pharyngeal diphtheria (Jour. A. M. A., April 22, '05). This was repeated the next day, and in a week she was convalescent. The tumor in the neck began to disappear and other symptoms to abate and was entirely gone in four months.

Experiments have since then been made on two other cases of goiter, giving 2,000 units to each and repeating the dose in ten days. Both improved very materially, but were not entirely cured at time of writing. He closes with the following:

"Remarks.—Whether the direct toxins from the diphtheritic infection in the first case were the cause of such a splendid result, or as one author claims, goiter at times recovers on its own accord, is a question. If the former is the case, then this is a discovery which will bear further investigation. If the result was due to antitoxin, then my experiments with the above cited cases prove it. One thing positively demonstrated is the fact that the cardiac symptoms and muscular twitchings

were markedly improved and that there was also a great reduction of the parenchyma of the tumor. This may have a bearing on the pathology of goiter as a microbic origin.

"In conclusion, I wish to state that the reduction of the tumor is greatly noticeable after from three to five months, the other symptoms being noticed much earlier."

The Reduction of Maternal and Infantile Mortality in Private Obstetric Practice.

RELTEN read a paper on this subject before the Penna. Med. Soc. (Pa. Med. Jour., April, '05), in which he claims that the mortality of mother and child in private practice has been greatly reduced by following certain lines, and that it ought to be still further reduced. Asepsis is the first great law—thorough scrubbing of hands and forearms, immersion in bichlorid solution, avoid the dusty or soiled towel often offered—few examinations, cleansing external genitals, repair of perineum if needed and remain long enough to see that the patient is aseptically dressed.

Mother does not receive enough advice during pregnancy, especially primipara. She should have advice and exercise, diet, clothing, care of breasts, etc., and urine should always be examined a month before confinement.

The judicious use of the forceps aids in securing a minimum mortality, but care must be exercised. Get consent of patient or family. Do an aseptic operation. Be sure of position.

Podalic version is a means of reducing mortality too often neglected. If undertaken early, with an empty bladder and rectum and deep anesthesia, the contra-indications are less than the text-books will allow.

There should be a higher standpoint of obstetric practice that will be appreciated by the laity, and insure better incomes from people able to pay good fees for good work. The paper closes with an extract from Oliver Wendell Holmes' paper on the contagiousness of puerperal fever, written in 1843, the closing sentence of which alluding to woman in her hour of travil, is as follows:

"God forbid that any member of the profession to whom she trusts her life, doubly precious at that eventful period, should hazard it negligently, unadvisedly or selfishly."

Perilous Calms of Appendicitis.

HARDIN asks the question, Why was not the patient (with appendicitis) operated upon before, at a time when operative results by skilled operators show practically no deaths? (Buff. Med. Jour., April, '05). He answers first, because of the large percentage of recoveries without operation; second, because the patient, doctor or family hope this will be one of them; third, there is sometimes apparent improvement. This improvement is often the precursor of more dangerous symptoms, the treacherous calm before the death storm.

Several cases illustrating this position are given, from which are drawn the following

"CONCLUSIONS.

"(1) Defervescence of symptoms and apparent better condition of a patient do not always mean recovery, but may be the forerunners of a more dangerous condition.

"(2) There being no specific for the disease, no matter what treatment is used, the one who procrastinates should shoulder the responsibility for the death.

"(3) When a clear diagnosis is made but one treatment should be advised, that of operation as soon as possible under the conditions, or the golden opportunity may be forever gone.

"(4) The physician who does not explain the great dangers of delay and the small comparative danger of operation is doing his patient a serious injustice, which often leads to fatal results.

"(5) Operation at the proper time usually greatly shortens convalescence, and eliminates all danger from this cause hereafter.

"(6) Procrastination is the greatest cause of surgical deaths, operation often being performed as a last resort, when but little hope of recovery exists."

Prevention of Insanity.

CAMBELL MYERS writes under the title Neurology and the Prevention of Insanity in the Poor (Canad. Practitioner and Review, May, '05). The first part of the paper discusses the relation of neurology to insanity as an etiological factor, and the necessity of its more extended clinical study. Pathology and biological studies by laboratory methods have failed to give the neurologist the necessary aid essential to further progress. Neurasthenia is not fully understood as a predisposing factor in the production of insanity. Colleges and text-books do not give the student a proper conception of its importance and he enters practice without realizing it. Insanity is treated fully enough after the boundary line is passed, but not before. Fifty per cent. of the cases of insanity could be prevented. Three suggestions to combat this condition have been offered: (1) Convert asylums into hospitals; (2) establish psycopathic hospitals as separate institutions; (3) establish in connection with general hospitals one or more wards or pavilions in which neurasthenic patients can be received without certificate. The first two are condemned. The third has been tried to a limited extent in England, Germany and America and is advocated. The outlay need not be so great, there would be better clinical instruction to the student, a better knowledge of these diseases would be gained by the whole profession, more workers would be trained, nurses, who now know but little of caring for this class, would be instructed, alleged acute cases of insanity could be admitted without certificate and held for future development, the odium attached to asylum treatment being thereby avoided. Suicides would be curtailed, as many of this class seek relief in this way. The economic view of the prevention of insanity in the poor needs careful consideration, and it is met in this plan.

States of Apprehension and Cardiac Diseases.

W. R. DUNTON, JR., alludes to the alleged constancy of heart disease in alienation with apprehension (Jour. A. M. A., Mar. 4, '05), and to satisfy himself as to the correctness of this position, forty-five cases in asylum and hospital practice were investigated with special reference to this feature. Twenty-five recent admissions to an asylum gave five cases of various states of apprehension, three of which had cardiac lesions. Five of the remaining cases had heart lesions, but not apprehension. Twenty hospital patients with cardiac lesions gave eleven cases of apprehension or fear in some form, six of these being colored, and the depression being more pronounced as night approached. The anxiety is more common in the neuresthenic forms. Stransky holds there is a predisposed brain,

and pathologic sensation acting in the region of the vagus to produce the condition.

"The conclusions which I wish to make are:

"1. The cardiac lesion is not the primary factor in causation of the associated state of apprehension.

"2. For want of a better term, what we call the idiosyncracy of the patient is largely responsible for apprehension associated with cardiac lesions.

"3. Our knowledge of this subject is not yet exact enough. On this last point let me urge you to urge on your friends who are engaged more actively in clinical medicine investigation of this condition of apprehension in their heart cases."

The Present Limitation of Serum Therapy in the Treatment of the Infectious Diseases.

(Med. Record.)

Berg states that one of the earliest practical results of the studies concerning acquired immunity was the wonderfully successful antitoxin serum therapy in diphtheria. That the practical application of the principles upon which acquired immunity depends was evolved before the principles themselves were more than vaguely understood. But now while the principles are understood, serum therapy has not advanced. The pathological bacteria which are identified with the specific infectious diseases fall into three groups, as far as the production or non-production of toxines is concerned.

First, those bacteria which produce in living cultures outside of the body, best shown in fluid media, as a free secretion, a virulent real toxin. The chief members of this group are the diphtheria and tetanus bacilli. A subsidiary member is *B. pyocyaneus.*

Second, those bacteria which secrete little or no free toxin in living cultures, but do contain a powerful toxin, known as an endotoxin (Buchner-Oppenheim) in the living bacterial cell, which is partly set free only upon the death and disorganization of the bacterial cells. To this class belong by far the largest number of known pathogenic bacteria. Good examples are the pneumococcus, the typhoid bacillus, the streptococci, etc.

Third, those bacteria that produce no free toxins, nor have in the bacterial cells endotoxins of any power, but in which the cell plasma contains other poisons in addition to the protein poisons which all bacterial cells in common contain. For our purpose the most important member of this group is the tubercle bacillus.

Diseases produced by bacteria belonging to the first group can be logically treated by antagonizing the free toxin, by the injection of the blood serum of an animal which has been immunized to that toxin. Diseases produced by bacteria of the second group cannot be so treated, but you must rely upon an anti-microbic serum. Such a curative serum is produced by immunizing animals by repeated injections of pure cultures of the bacteria against which it is sought to immunize the animal. As to the third class medicine has received little or no encouragement.

Some Surgical Considerations Pertaining to Gastric Dilatation.

(Annals of Surgery.)

Pond states that there is a constant and fixed relation existing in the normal stomach between the gastric contents, the muscular ability of the stomach wall, and the resistance offered at the pyloric ring; and it is quite obvious that any change in the elemental dynamics of digestion must lead to a consequential disturbance of function,

and that disturbance is usually dilatation. He gives the etiology of gastric dilatation as mechanical forces, either within or without the stomach, obstructing the outlet of the stomach; and debilitating conditions occurring within the stomach wall, permitting an increase in the volume of stomach contents. The mechanical causes are classed as extrinsic and intrinsic. The extrinsic causes are tumors of adjacent organs, bands from cholecystitis, etc., and prolapsed right kidney. The intrinsic causes are cicatrix from a healed ulcer, polypi, spasm of the pylorus, carcinoma of the pylorus. The atonic causes usually result from a lowered general vitality; the contractures of the stomach cease before all of the food is forced out of the stomach, what remains undergoes fermentation with the production of gas which dilates the stomach.

He advises an exploratory incision to determine the cause of the dilatation and then to perform whatever operation is indicated to relieve the cause and most nearly restore the function of the part to normal.

Adenoids in the Adult.

(N. Y. & Phila. Med. Jour.)

Barstow states that while the literature of adenoids in children is very full, the subject of adenoids in adults has been much neglected. The writer has collected 57 cases. The majority of these showed throat symptoms of one kind or another. A number of cases presented a greater or less degree of hypertrophy of the turbinated bodies which was relieved by removing the adenoids. The most constant symptom was the expectoration of a thick, ropy mucopus. His conclusions are as follows:

"Adenoid growths in the adult are much more common than is generally supposed.

"The condition is a frequent cause of nasopharyngeal catarrh, with dropping back of mucus and frequent clearing of the throat. It is also a frequent cause of nasal obstruction, and is the causative lesion in some cases of apparent hypertrophic rhinitis. The cases tabulated above show that a thorough examination of the nasopharynx should be made in all cases of (1) ear disease and (2) pulmonary tuberculosis.

"The treatment is not difficult, and the results are occasionally brilliant and rarely unsatisfactory."

The Sex Question.

T. E. Reed writes of this question (Medical Brief, May, '05), and claims to have discovered the law dominating sex. There is a semi-diurnal electric current through the earth, as evidenced by the flow and ebb of the tides. The rising tide of this current indicates positive action, and the ebb current negative. In the former there is strength, energy, essence, force; in the latter there is weakness, imbecility, decay, death. A child conceived during the positive period, *i. e.*, the cells entering into the conception being thrown off in this period will be of the male sex, while one conceived during the negative period will be of the female sex. Observation has confirmed this law in many cases, and the desired sex has been secured in several cases by observing it.

To Remove Plaster Paris Dressings.

Todd (in Medical Brief, May, '05) advises that the parts be immersed in a warm bath for 30 minutes when the bandages can be cut with an ordinary pair of scissors.

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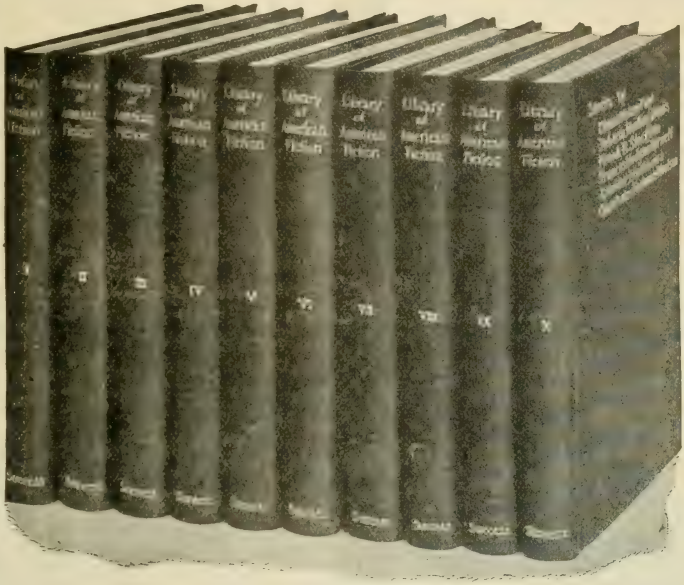

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EDITORIAL.

Editorial Spirit of the Medical Press.

In the Monthly Cyclopedia for May, Dr. Jastrow, of the University of Wisconsin, deals with the subject of treating disease by mental methods. The psycologist and the general practitioner should co-operate in the study of the question, in a scientific way, that the influences of mental healing may be used to an advantage by the profession. We may not know why and how mental attitudes contribute to physical conditions, but we may study and utilize the facts and thereby gain hints of the actual underlying connections. The psycologist looks to the physician for an accumulation of observations that will contribute to a more familiar understanding of this psych-medical topic.

At present the most desirable feature is to bind together the various types of observation, normal and abnormal, trivial and momentous, in health and disease, giving a consistent body of evidence that shall form a rational guide to principle and practice. Confining attention to the more extraordinary cases does not lead to greater insight. The need is for a large collection of minor illustrations of psycho-physical interdependence.

The psycologist studies the question from considering the direction and controllable factors in bodily action and the awareness that accompanies various activities. Such simple things as the act of swallowing—of no trouble when done unconsciously, but when done consciously the pill sticks in the throat—the toothache disappears when the dentist's doorbell is rung—are noted and from them to the more complex study of hypnotism and allied subjects are studied.

The physician's problem is one of tact, judgment and ingenuity in determining the influences most likely to be efficacious in a given case, and to discover the hidden scources of irritation. Forcible removal from family and friends—appeal to dormant motives—new interests, etc., are treated as influences in mental healing.

The future physician will appreciate and utilize the facts of suggestive medicine in the treatment of disease more

than the present one.

The author of the editorial insists that the general practitioner should make reports of cases coming under his observation, the minor cases being especially important, though the more pronounced ones are useful as being the more impressive. In this we must heartily concur, for it is only by the study of a large number of observations that scientific facts can be deduced.

Some Typhoid Fever Ideas.

The June issue of The Medical Era is devoted entirely to the discussion of Typhoid Fever by over twenty authors from ten States, representing almost every section of the nation. The papers in question treat many of the phases of the subject, but some few are barely alluded to. The question is a hackneyed one and the chaotic state of our knowledge of it and the want of unanimity in therapeusis are well demonstrated in these papers. There is nearest accord on the subject of etiology, most of the authors alluding to this at all accepting the germ theory of the *bacillus typhosus* as the causative factor in the production of the fever. Prophylaxis is well treated by one or two, one claiming that the trained nurse was essential to complete prophylactic measures. The majority recommend two general lines of treatment, viz., elimination of the bacillus and counteracting the morbific influences. Nearly all advise moving the bowels in the early stages from a mild laxative to free catharsis, most of them expressing a preference for calomel, followed by salines. Regardless of the fact that many hold that antiseptics and antizymotics are useless in typhoid fever, we find in these papers many remedies of this class recommended, the old time-honored remedy of oil of turpentine easily holding the first rank so far as members advocating it is concerned. The sulpho-carbolates—bismuth, salol, carbolic acid, creosote, iodine, salycilates, the mineral acids, boric acid, eucalyptus, copper, echanacea—the last an eclectic product, are all mentioned. Treatment of special features has a wide range. Temperature is to be reduced by antipyretic coal tar derivatives and internal and external use of water. A few disregard temperature unless very high. The Brant method is condemned by the majority—its only condemnation being in hospital practice. Cold sponging is advocated, but preference is generally given to the use of warm or hot water for bathing to reduce temperature. Ice packs are not mentioned. The drinking of water hot or cold is mentioned as a solvent and elimination, and one writer advises large quantities. The only use of opium is to control diarrhœa—generally in combination with an antiseptic or astringent. Tympanitis is to be controlled by laxatives, the use of antiseptic materials and turpentine stupes. Constipation is relieved by various measures, the majority favoring castor oil. Strange to say, many of the more pronounced concomitants and complications, as insomnia, delirium, perforation, hemorrhage, collapse, are alluded to by very few, and then only to dismiss with a sentence.

On the whole, the forty pages of the Era adds nothing new to our knowledge of typhoid fever, but is useful in gathering together workers under diverse conditions.

Two editorials relative to county medical societies appear in the April number of the Pennsylvania Medical Magazine. The first, signed C. M., gives "A Lay Sermon" with Romans

14:7 for a text; and condemns selfishness. The doctor should belong to his county medical society for the good he can do to others. There is, too, an environment—an organized effort promotes the common interest in a common cause. The physician out of harmony with his fellows is living at a dying rate, and he does not die to himself, and membership in the county medical society is essential for the life it brings and the life it gives. All physicians are not needed—the incurables infect others to a mild degree, and the society is not a hospital for these. All others should be members.

The second editorial (A. R. C.) asks why are you a member of your county medical society? Be fair in the investigation. If personal gain in raising the fee bill—relief to sick and aged members or protection against malpractice suits—all desirable in a measure—is the reason, the end sought will probably never be fully attained. The interests of the profession as a whole is best guarded and advanced by medical societies, should be the warrant for your connection with them. The advance of the common weal best insures personal advantage, and no one is so weak but that what powers he has may be directed for the good of the whole. Are you fulfilling your duty in membership and efforts? We believe these two editorials strike the keynote of the situation and are deserved to be impressed upon the minds of the profession generally.

Dr. Morger writes a short but interesting editorial in May "Medicine" on patenting surgical instruments. If doctors can copyright books, why can't they patent instruments? Instances are given where injury followed failure to patent an instrument on account of cheapening the product by manufacturers. On the whole, he believes that doctors should be encouraged to patent instruments, in which we do not agree.

As much as reciprocity on the part of the different State licensing boards is desired, its accomplishment is still a long way off. Dr. Potter, of the Buffalo Medical Journal, meets the situation tersely in the May (1905) issue in an editorial and an abstract. Uniformity in medical standards of education is the first prerequisite. Different States must agree upon common standards of requirements and of preliminary education. One State with low standard might admit licentiates of another State requiring a higher standard, but doesn't do it because it will not admit its neighbor is better than he. After getting together, steer clear of partizan politics.

Abstracts for Medical Society Papers

A recent editorial in the Journal of the American Medical Association calls attention to a measure adopted by the American Gynecological Society, that it commends and which strikes us too as eminently practical. It is that all papers presented shall be read in an abstract by the author, the full paper to be published in the proceedings. We have before suggested that authors should conclude their productions with a resume of the salient points of the paper, for the convenience of both editors and general readers, and readily acknowledge the utility of society papers being treated in the same manner as a time-saving measure, an avoidance of the tax upon the patience of the society in listening to tedious details, and the encouragement to full debate on the questions presented by the innovation suggested.

Society Papers.

The editor of North West Medicine must have been attending a county medical society where the authors tried to spout. However, he gives some most excellent advice in an editorial of recent issue. He insists that authors before county medical societies should select for writing papers, subjects of general interest, that all can discuss. The diseases of common every-day occurrence are more profitable for discussion. The more obscure subjects are under investigation by master workers in laboratory methods, and while research is commendable, the county society had better not try to study obstruse questions.

Personally, we believe much original research work can be accomplished by county societies, especially if it has among its membership a number of young men trained in modern laboratory work. We old men may not enjoy the discussions quite so much, but if we will do so we may learn much of recently trained graduates.

Danger of Smallpox Hospitals.

We have noticed more than one reference recently in our exchanges alluding to the danger of contagion in proximity to pest-houses and smallpox hospitals; and Journal of the American Medical Association treats it editorially in the number for May 27th; says that the Philadelphia Board of Health reports indicate a want of care in its management. The hospital is a focus of infection, and insists that hospitals shall be isolated in fact as well as in name.

Though it may not be needed by those of our readers who have the selection of location and management of these institutions, still we give this little note of warning to be sure the pest-house and hospital are well isolated.

Notes and Comments.

We were in error as to some of the dates given in an editorial on 1904 examinations in the June issue. The Chapel Hill department of the University Medical School was founded in 1890, was admitted to membership in the Association of American Medical Colleges in 1898, and in 1901 was incorporated as an integral part of the University on the same footing as other departments. To secure clinical features, instruction in the third and fourth years is given in Raleigh, and the Raleigh department was opened in the fall of 1902.

Pure Food.

The question of pure food is a live one just now, both with the profession and the lay press. Much that is needless is being written, and part of the agitation is by designing manipulators, with spacious arguments of a misleading character. Out of all the discussion it is to be hoped that measures will be instituted to prevent the more flagrant adulterations practiced. Prof. Hemmeter, of the University of Maryland, calls attention (Md. Med. Jour., Jan., '05) to an erroneous belief as to the efficacy of cold storage in preserving fresh meats. Beef, mutton, etc., slaughtered, entrails removed and divided into sections, is benefited by cold storage. Fish, poultry, game and other meats stored without removing the intestines and other viscera undergo slight putrefactive changes and when taken from the ice rapidly absorb toxins from the intestines, and is then unsuited for food. He believes the pure food agitations and the laws on adulterations should be under the care of a committee from the American Medical Association, and refers to the good work being accomplished by the committee on tuberculosis.

In this connection we commend the Richmond, Va., pure food law, a reference to which we see in the lay press of a few days since. It has an inspector of milk and food supplies, with assistants and a chemist. All milk and vegetables, their storage, sale and place of production are absolutely under his control, with ample powers for enforcing the provisions of the ordinance. Now if he can be divested of all political influence and graft, Richmond is to be congratulated.

Physicians and Whiskey Prescriptions.

Reports in the newspapers of physicians being indicted under what is known as the Watts law for giving prescriptions for whiskey have been frequent of late. It may not be generally known that the physician is restricted in giving prescriptions of this kind, but section 5 of the act (chap. 233, Laws of 1903) requires that the person or persons to whom the prescription for alcoholic liquors is given shall be a *bona fide* patient of the physician so prescribing, under penalties of fine or imprisonment or both at the discretion of the judge presiding, for violation of this clause.

No reputable physician should object to this, as it does not enhance the position of the profession to be used as an aider and abettor in violation of the State's laws.

William Osler Memorial Number.

The June issue of the Maryland Medical Journal is devoted largely to a discussion of Dr. Osler—his influence on American medicine, as a physician and as a teacher. Several portraits of Dr. Osler, representing him at various periods of life, and some fine cuts of Johns Hopkins University and of Oxford scenes are given. We shall probably make use of this number for extracts at some future time. It is put out as the memorial number.

The editor announces that beginning with the July number, the Journal will become the authorized representative of the Maryland profession as the medium of the publication of the proceedings of the State Association (Medical and Chiurgical Faculty of Maryland). This does not narrow its influence, as it is but acknowledging formally what has always existed.

Rheumatism From Suggestion.

The following personal experience is given in response to the proposal of Prof. Jastrow, noted under the head of Spirit of the Editorial Press, that a large collection of cases of suggestive therapeutics is essential to its proper study. While it is probably not exactly in the line of thought indicated by Prof. Jastrow, it is collateral and shows the strong influence of the mental over the physical state.

One winter day over six years ago it was necessary for me to take a long hard horseback ride over a very rough mountain road. The thermometer registered 12 degrees above zero, atmosphere surcharged with moisture, with occasional fall of very large flakes of soft snow. Realizing the condition of the weather, I prepared myself with extra clothing, covering the whole with a heavy macintosh coat reaching to the ankles.

Soon after starting, I noticed a hole burnt in the macintosh immediately over the right knee, round and about one inch in diameter. An idle thought crossed my mind that here was a point not as well protected as the balance of my body, and while I was still looking at the hole, a large flake of snow fell in it and was immediately melted

and absorbed. Immediately a sensation of cold was experienced upon the knee exactly under the hole and as near as I could distinguish of the same size. Mentally I hooted at the idea of this flake of snow passing through the several thicknesses of a heavy overcoat, a pair of wool pants and two pairs of flannel drawers, in the fractional part of a second of time, yet the sensation remained, and after a short while increased in severity and extent of surface. I was in the saddle three hours before securing rest or a fire. My face, hands and feet were cold, but my body was not chilled in the least, yet this knee was very cold, and an hour's rest by a blazing log fire, as only mountain people make and enjoy, failed to relieve the sensation of cold in it. Five hours additional ride with two or three short stops brought me home after night. I had not suffered from the cold to any great extent except in this knee, but it was so stiff as to make walking uncomfortable on dismounting. I suffered all day with a sensation of intense cold on the spot under the hole in the macintosh. It felt as if a piece of ice was resting upon one spot and the cold radiating all around the knee from this position.. I tried to disregard it, and then rearranged the skirts of my macintosh so that the hole would not be over this place. I reasoned that it was all imagination and foolishness in the extreme, but to no purpose.

After reaching home I soon became thoroughly warm and comfortable except the knee. Gradually the sensation of cold gave way to one of pain, and on retiring I deemed it necessary to apply a liniment. There was at this time no swelling or redness. I slept but little on account of the intense pain and found it necessary to rise and apply hot flannels and fomentations.

At this time I thought myself in perfect health. Ordinarily a ride of this character or in extremely bad weather was undertaken without a moment's hesitation. I had never had rheumatism up to this time and have never had it since, though it is prevalent in my ancestry. Yet the next morning I had a well developed case of articular rheumatism. By the middle of the day the knee was very red and three inches larger in circumference than the other. It was 48 hours before the symptoms began to subside, and I was lame for ten days.

Since then I have taken many longer and harder rides and in worse weather: I have suffered more with the cold than on the occasion noted; but there has been no return of like or even similar conditions.

There was no possibility of the moisture or the cold from that flake of snow reaching my knee, and indeed none of my ordinary clothing was damp in the least. This was purely a morbid state induced by suggestion. The theory of how it was produced I am unable to give.

I do not think my worst enemy would accuse me of hysterics. I sometimes have a torpid liver and the "blues," or as Abrahams would put it, Spanchnic Neurasthenia, but have never been accused of being a hypochondriac. My nervous condition is good so far as I am aware, and I am not given to mental vagaries. I was not at the time under any mental strain or depression. I do not pretend to account for it, except under the general fact known to every physician that the mind has a wonderful influence over the physical condition. J. D. R.

The osteopath bills failed to pass in both New York and Pennsylvania.

Selections From Our Exchanges.

The "Spotted Fever" of the Rocky Mountains.

A disease popularly termed "spotted fever" has been known in Idaho for about thirty years, and in Montana, especially in the Bitter Root Valley, ever since the first settlement of the region by white men. Other popular names for it are "tick fever," "black fever," "blue disease," and "black measles," and some of the learned have applied to it the name of piroplasmosis hominis on the theory that it is due to infection with a protozoon of the genus Piroplasma. Charles Wardell Stiles, Ph.D., chief of the Division of Zoology of the Hygienic Laboratory of the United States Public Health and Marine Hospital Service, has recently made a very thorough study of the disease, and the Treasury Department has published his account of the investigation. Dr. Stiles has failed to confirm the Piroplasma theory and he has not identified the microorganism upon which the disease probably depends, but he has contributed an account of its clinical history and pathology that must go far toward establishing in the future positive knowledge as to its nature and ætiology.

According to Dr. Stiles, Maxey, in 1899 (after other observers had given briefer definitions), described the affection as "an acute, endemic, non-contagious, but probably infectious febrile disease characterized clinically by a continuous, moderately high fever, severe arthritic and muscular pains, and a profuse petechial or purpural eruption in the skin, appearing first on the ankles, wrists and forehead, but rapidly spreading to all parts of the bodybody." The exanthem is said to be lacking in some mild cases, and in others the nervous perturbation is of a character to suggest cerebro-spinal meningitis, though no signs of that disease are found post-mortem and Kernig's sign is not observed. The ætiology is manifestly an inviting field for further research, and Dr. Stiles' investigation will doubtless stimulate its further study.—N. Y. Med. Journal.

War Against Secret Nostrums.

Few words are needed to convince sane men of the evils of indiscriminate dosing with secret remedies—the catarrh cures, nerve tonics and restorers of menstrual irregularities with which the druggists' shelves are loaded and the advertisements of which aid so effectively in the dissemination of moral teachings by giving financial support to the religious press. Physicians, in general, are too busy to undertake a crusade against the sale of these alcoholic compounds, as many of the most popular and most advertised preparations are, and they are also a little timid in taking up the cudgels in a fight in which it would be claimed they were trying to down a successful rival. It has been reserved for Mr. Bok, of the Ladies' Home Journal, to do most commendable work in exposing the evils attendant upon the promiscous sale of these secret medicines, and he has suffered much vexation, in consequence, through suits brought against him by irate patent medicine manufacturers. He feels, however, that all the labor should not be his, and calls upon the medical profession for aid in his warfare upon quack remedies. In a communication to the Journal of the American Medical Association, he points out that if a successful crusade against injurious patent medicines is to be carried on, the medical profession, as a

whole, must take a strenuous part in the fray, and that each and every one should do his share in suppressing the evil. The secret medicine interest is powerful and well endowed with the sinews of war. Thus it has happened that in all the States save one, bills designed to regulate the sales of injurious patent medicines have been doomed to ignominious defeat. The principal supporters of these bills have been members of the Women's Christian Temperance Union, who have hurt the cause for which they fought by ill-considered zeal and lack of discretion. Their efforts, therefore, have been well meaning, but ineffective. Mr. Bok calls upon the members of the medical profession to make united effort to curb the sale of hurtful secret medicines by legislation, and declares that if this be not done it will be a clear case of shirking responsibility. It is obvious that so long as the physicians of the country show themselves apathetic in the matter, the sale of secret medicines will continue, and the proprietors will wax fat and flourish exceedingly. For the sake of the public, therefore, if not in their own interests, it would seem that medical men should bestir themselves to down the nostrum evil.—Med. Record.

A Case of Bradycardia.

To the Editor of the Medical Record:

SIR:—It has recently occured to me that I should finish the history of a case of bradycardia reported in your columns in the issue of November 21, 1903. My patient steadily improved from the time of my report, his pulse reaching 65 and his strength increasing very decidedly, so much so that he could walk several blocks, but notwithstanding these gains he developed a peculiar fear of being alone, wanting some one always to be up with him if he awoke at night, and although his head seemed to be perfectly clear for business, he would not let his assistant discuss any details of his business with him. In fact, he tried the patience of his family to the utmost in keeping him in good humor, and could not bear to have his old friends call on him. From time to time I had to decrease the small dose of caffeine that at first seemed to make him more comfortable, because it made him too wakeful. In the same way the nitro-glycerin made his heart pump so that I had to stop that, and finally the only medication he would tolerate was ⅛-grain doses of morphine. This drug seemed really to accelerate his heart action and quiet the almost insane fear that he had of dying while asleep of heart failure, this idea really making his life a burden to himself and his family. He still would have an occasional slight epileptiform seizure, these being worse and usually brought on when he was worried or tired.

On January 1, 1904, he felt well enough to superintend the making out of a complicated yearly report of his insurance business, and expressed himself as feeling remarkably well, and yet, to my alarm, I found his pulse 18 per minute. A week later he ate an indigestible supper and afterward sent for me. I found his pulse 10 to 12 per minute. He had had several epileptic seizures, some of which his wife assured me involved the whole body. He had several while I was with him which were milder, and only affected his head. After each one of these seizures he would thrust his fingers down his throat and attempt to vomit, not from nausea he told me, but to remove something he felt in his throat and which something he felt brought on the attacks. There was no paralysis of the soft palate or

vocal cords. Again the fear of sudden death became an unpleasant feature of his case, and at the same time he seemed to want to die, and, being of an intense religious nature, prayed to be released from his sufferings by death.

His condition grew gradually worse, and he finally died in an unusually severe convulsion on January 19th. His pulse during the last week of his life never being over 10 per minute. His mind was clear to the last. Unfortunately, I never saw him in an unusually severe convulsion, but several observers assured me that these severe ones always brought on rigidity of the legs and arms, as well as the head, but he never frothed at the mouth or uttered a cry. L. E. Norfleet, M. D.

Tarboro, N. C.

"Sore Throat" As Caused By Systematic Conditions.

N. G. Ward dwells on some of the complications following the ordinary tonsillar affections, circumtonsillar abscess and general systemic disorders. He says that there is a type of sore throat caused by faulty elimination. Waste products circulating in the blood cause the superficial vessels to contract. Hence arise the chilly sensations of the patient. Rheumatism is a frequent cause of the trouble, but the manifestations of the rheumatic poison are many, and must often be looked for in distant organs. Muscles subjected to prolonged strain are liable to be the seat of pain during atmospheric changes. Consequently singers and speakers are prone to chronic sore throat and hoarseness. The symptoms complained of in all cases of faulty elimination are apt to be out of all proportion as regards their severity to the slight local change in the appearance of the throat tissues. The treatment of this class of cases is obvious. It must be prompt and thorough. Neglect will lead to tissue changes in the sub-mucous layer and contraction of a permanent nature will follow. The blood vessels will be pressed, and the vascular supply gradually cut off. Finally the epithelium and the mucous glands atrophy. Then we have a permanent condition, which no treatment will alleviate.—Med. Record.

Adrenalin Chloride in the Treatment of Asthmatic Attacks.

D. M. Kaplan (Medical News, May 13, 1905) recommends using adrenalin chloride hypodermically in asthmatic attacks. He says the drug if carefully administered may be used in effective dosage even in subjects with arteriosclerosis.

It is fair to contend that we have in adrenalin chloride a drug which is more efficient in the relief of asthmatic attacks than those ordinarily used in the treatment of those conditions. Even large doses of the drug freely used do not give rise to a glycosuria.

Adrenalin chloride has a distinct place in the therapeusis of asthmatic seizures.

Although relieving the paroxysms with greater promptness and certainty than most of the other drugs at our command, the hypodermic use of adrenalin chloride is in no sense curative of the disease as such, and equally useless are prophylaxis injections.—Med. Age.

Diet in Typhoid Fever.

T. B. Nichols (American Medicine, May 6, 1905) advocates a more liberal and varied diet in typhoid fever than is now customary. He is opposed to the exclusive liquid diet, so-called, arguing that liquid foods are not nec-

essarily more digestible or less irritating to the bowel than are solid foods. He believes the consistence and condition of the food in the intestine is a criterion of more importance than the fluidity or solidity of the food before ingestion. Nichols gives the published results obtained from mixed and liberal feeding in typhoid fever, covering a total of 1,000 cases with 77 deaths. This low mortality of 7.7 per cent. does not bear out the common apprehensions as to the dangers of departure from milk diet. Complications were not increased by the free diet. The patients were markedly more comfortable and contented, their strength appeared better maintained, convalescence was materially shortened, and from the improved resistant power the mortality rates appeared appreciably lowered, comparative statistics showing an improvement in the death rate of from two to four per cent.—Med. Age.

The Convocation of Oxford University proposes to confer on Dr. William Osler the degree of Doctor of Medicine.

The Pennsylvania Osteopathy Bill Vetoed.

The Governor of Pennsylvania, whom we have heard severely criticized on numerous occasions, showed himself to be right at least on problems that involve the medical profession by vetoing the bill which recently passed the State legislature legalizing osteopathy. The osteopaths succeeded in putting through a bill licensing those who desired to engage in the practice of this art and establishing a State Osteopathic Association, before whom all candidates should appear before they could legally engage in the practice of osteopathy. The governor in vetoing the bill said that it contained nothing to indicate what osteopathy was. He said approval of the bill would appear to give the authority of the State to a system of practice in the healing art which excluded the use of medicine and surgery. Governor Pennypacker has established a valuable precedent in his decision, and we can only hope that it will be brought to the attention of other governors when they are called upon to sign similar bills.—Med. Age.

NEWER MATERIA MEDICA.

Alkalometry—Active-Principle Therapeutics.

WHAT IT IS.

1. The administration of small doses of the most active and potent known remedies (chiefly alkaloids and other active principles representing the majority of all the accepted vegetable remedies) at short intervals until either remedial effect or signs of drug sufficiency, the full physiological effect of the drug are apparent.

2. The exhibition of such doses in the form of tiny soluble granules or tablets—each containing a definite amount (usually gr. 1-134, 1-67, 1-6 or 1-3) of the drug.

3. The additional use of such solvents, eliminants, vital incitants and local and systemic antiseptics as have proven by extensive clinical test of considerable remedial value.

4. The freedom to use any and all remedial agents—always in the purest and most concentrated form available—that will produce definite results in a recognized condition.

5. The absolute avoidance of promiscous formulas, problematic remedies, crude drugs (vegetable) and nau-

seous, changeable, alcoholic tinctures and fluid extracts when the active (remedial) principal of the drug can be given in its purity in effective well-established dose.

WHAT IT DOES.

1. It cures, where it is possible to cure, cito, tuto et jucunde. Its chemistry is done outside the sick body.

2. It gives the maximum obtainable results in the shortest possible time, with absolute safety and with no possibility of over-dose, or cumulative effect.

3. It enables the practician to give the most potent medicines to the youngest infant or the most squeamish invalid without the aid of scales, measures or menstrua.

4. It enables the doctor to push a remedy to effect without wondering whether he has poisoned that particular patient in his effort to give enough.

5. It makes it possible for the practician to have always with him an emergency case filled with standard medicaments of unchangeable strength and consistency for acute cases and urgencies, thus enabling him to treat conditions when they most need treatment and when he can do the most good.

6. It enables the doctor to practice the most certain, safe and efficient method at a nominal cost.

7. It eliminates "chance" and, with perfectness of diagnosis and application, makes medicine "an exact science" —or as near that as it is possible to attain.

Doctor, you may have seen this before, but it is worth another look.

Tongaline and Lithia Tablets are particularly indicated in diseases which are caused by deposits of urates in the tissues, especially in the joints and in the kidneys.

The Antiseptic Treatment of the Summer Diarrhœas of Infants.

Of the various agents that have been suggested for the disinfection of the intestinal tract, Acetozone is by far the most promising. It has been shown by Novy and Freer, of the University of Michigan, that Acetozone, even in weak solutions, destroys bacillus pyocyaneus, bacillus coli, bacillus typhosus, bacillus diphtheriæ, vibrio choleræ, staphylococcus pyogenes aureus, and streptococcus pyogenes, in less than one minute. These writers say that "While the strong solution kills everything almost instantly, the weaker solution (1:3000) destroys the vegetating germs, as a rule, within one minute." At the same time solutions of 1 to 1000 strength are given internally without the least harmful effect. The good results accruing from the use of this remedy in the summer complaints of young children are early and unmistakable; the discoloration and putridity of the stools disappear; the diarrhœa is checked; the temperature falls; pain and inflammation subside; the vomiting is controlled; and the condition of anguish and irritability is consequently greatly dispelled.

In dealing with this class of cases the following make up the round of treatment: (a) withdrawal of milk and the substitution of thin broths, albumen and cereal waters, or other liquid feedings; (b) immediate evacuation of the stomach and intestines by stomach-washing and intestinal flushing with Acetozone solution (1:5000 or stronger); (c) the sustaining of the patient's vitality; (d) administration of an internal antiseptic, Acetozone (1:3000 to 1:1000); (e) the observance of hygienic conditions. In giving this drug the solution usually administered to adults (15 grains to the quart) should

be diluted with one-half its quantity of water and flavored with lemon or orange juice. It should be given in teaspoonful doses at frequent intervals—every twenty or thirty minutes in the beginning, lengthening the intervals as the case progresses.

Colonic irrigation is a useful procedure in cholera infantum. Acetozone (1:5000) solution is unexcelled for this purpose. The same solution may be used for lavage, which is recommended by many leading authorities. In washing out the stomach the irrigating fluid invariably should be lukewarm and is best introduced prior to the feedings. Its continuance must be based on the character of the washings.

Acetozone is marketed in ounce, half-ounce and quarter-ounce vials, and in boxes containing six vials of 15 grains each. An ounce is sufficient to make eight gallons of aqueous solution.

What Shall It Be?

This question is present in the mind of the busy physician every summer when he confronts the problem of appropriate tonic medication for the weak, poorly-nourished and debilitated. He knows that during no other season of the year is there so marked a tendency to disturbances of the gastro-intestinal tract and that many intractable forms of diarrhœa may result from unsuitable foods and medicines; the first requisite, therefore, is to select a tonic that has the negative virtue that it will not irritate the sensitive stomach and intestines. Cod liver oil, iron and the usually employed nutritives and tonics have a well-defined local irritant action on the gastro-intestinal tract, and are unsuitable when these organs are in the super-sensitive condition so commonly present during the heated term; these remedies, experience proves, lack even the negative virtue of non-irritating character.

The next question to be decided is, what remedy has a selective action on the gastro-intestinal mucous membrane whereby its functions are kept in a normal condition? In other words, how may the natural tendency of hot weather to set up irritation of these organs be combatted, and at the same time how can the patient be properly nourished? A moment's thought as to the physiological effects of Gray's Gly-Tonic Comp. will answer these questions and explain why this remedy is the best tonic and reconstructive for summer use.

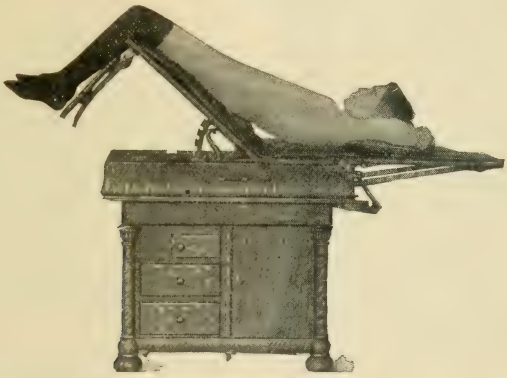
First of all, Gray's Tonic is one of the most prompt and reliable gastric sedatives known to the profession; as instance of this it is only necessary to recall its widespread use in the gastric irritability and vomiting of pregnancy and sea-sickness. Once having pacified the stomach, it exerts very positive effects upon the secretory and motor functions of this organ, manifested by creation of appetite and increased power to digest food. It is a great step forward when these patients can take sufficient quantities of proper food and have the power to digest and assimilate it. Gray's Tonic accomplishes this and as a consequence has a pronounced influence in improving the nutrition of the patient. It thus starts aright the complicated physiological processes which result in increased blood constituents, more vitality, greater strength and increased power to resist the inroads of disease.

Let anyone who doubts the truth of these statements try Gray's Tonic in any case of malnutrition, general debility or nervous exhaustion existing independently or as a part of chronic organic diseases, and note how well

these patients stand the depressing effects of hot weather, how free they are from gastro-intestinal complications, and how beneficial the remedy is upon the general nutrition.

Gray's Glycerine Tonic Comp. owes its distinctive value to the proportion of the contained ingredients and their manner of combination. All imitations lack these characteristics of the original and are consequently of inferior value.

Unless the present day physician takes advantage of all the aids ingenuity has provided for him, he will find the requirements of modern practice too great to be endured. He owes it to himself, therefore, to secure the equipment that is most perfectly designed for his convenience.



The Allison Automatic Table offers an example of adaptation of means to end that is second to none in importance.

In the Trendelenburg position, here shown, the patient is most comfortably placed, the table adjustments are securely locked, and every condition makes for more accurate and more rapid work. It is undoubtedly true that when patterns of this type are so easily secured, the practitioner cannot afford to be "getting along" with appliances that are inferior.

In those puzzling cases of menstrual derangement where all other known remedies fail, Aletris Cordial Rio often cures.

Coco a Depurative as Well as Tonic.

Coca is no new claimant for consideration; it has already won the respectful attention of the world as a supporter of nervous energy and an exhilarator of muscular power. The action of Coca, while phenomenal, is purely physiological. Its empirical use by the Andeans to support life amidst the most trying conditions of cold, hunger and intense hardship, in an attenuated atmosphere, is capable of scientific demonstration. Coca is depurative of the blood, freeing that current from the products of tissue waste, and thus enabling the blood stream to nourish every tissue of the body. Aside from this important action, it has a direct chemical action upon muscle through converting certain muscle ferments to create energy. Additional actions are its stimulating influence upon the blood vessels, upon the nerve centers, upon the secretions and upon

respiration. These effects are best brought about by administering Coca combined with a mild nutritious wine, as Vin Mariani. The action of Coca is not immediate, but before the initial stimulation of the wine has passed, the more lasting properties of the Coca become manifest. Thus we have gentle stimulation without depression, and, under the added influence of the Coca, opportunity is given the tissues for repair.—Coca Leaf, Jan., 1905.

In the wasting diseases, as well as in rickets, scrofula and marasmus, it is of the greatest importance that a remedy be selected which will quickly check the pathological condition, and restore the organism to the normal without producing digestive or other functional disturbances. Cod liver oil has always stood first in the category of remedies calculated to bring about this desirable result, but unfortunately its peculiar odor and taste are features which are quite often objectionable to patients. Hagee's cord, ol. Morrhuæ Comp. is an elegant preparation containing all the essential therapeutic properties of cod liver oil and combined with tissue building chemicals (Hypophosphates of Lime and Soda) and aromatics, which renders it agreeable to the palate.—American Journal of Dermatology.

The manufacturers of Sanders & Sons' Eucalyptol were long ago honored by the distinction of counting European potentates (the King of Italy) among the patrons of their product. The analytical division of the Prussian Government forwarded them a recognition of the purity and genuineness of their article and the Australian Government Botanist pronounced it to be a most excellent preparation. These distinctions are in themselves such high tributes to superiority that implicit faith must be put in them; but the firm was not satisfied with getting only a one-sided opinion. They submitted their product to what they consider the most stringent and reliable test of all, viz., to the clinical application by the practical American physicians. Universal endorsement by this distinguished body of men have unquestionably established the intrinsic value of Sanders & Sons' Eucalyptol and thus the most skeptic must become convinced. The physician who relies on the efficacy of this special product will be spared the humiliation of discomfiture and failure so often met with, when the only too common substitution of the "just as good" is practiced.

Notice.

The suprarenal capsules are known variously as adrenals, adrenal capsules, adrenal glands, suprarenals, suprarenal glands, suprarenal bodies, ephinephris, adnephris, and there are still other names for the active principle of the substance, but the one perfect liquid preparation of this active constituent is called Suprarenalin Solution—a fact worth remembering by pharmacists and physicians.

Pan-Zin-Oid.

This form of preparation is a perfect digestant containing all the digestive ferments as they naturally exist. It is far superior to any uncombined pepsin, and is free from any diluent detrimental to digestion, and possesses the further advantages of being non-hygroscopic, palatable and odorless. Its indications are familiar to all practicioners.

Recent clinical reports and samples free to physicians. The Fitchmul Co., Concord, N. H.

Review of the Report of the Anæmia Commission in Porto Rico.

The commission appointed by the United States Government, in February, 1904, for the Study and Treatment of Anæmia in Porto Rico, has submitted a report to the Governor of the Island. This report covers over 200 pages, and is printed both in the Spanish and the English language.

The commission were experts in their special field, and the amount of work done by these gentlemen, the exceedingly painstaking manner in which they attended to every detail of the subjects, stamps this inquiry as one of the most scientific and thorough investigations ever undertaken in the cause of public health.

As early as 1899, Dr. Bailey K. Ashford, who later became a member of this commission, discovered ankylostoma in the feces of anæmic patients who were then crowding the field hospitals at Ponce. This was the first positive evidence in Porto Rico that the disease known as Anæmia was in reality ankylostomiasis or Uncinariasis, and so prevalent did this disease become during the ensuing years that fully ninety per cent. of the population became effected.

When the commission appointed by the United States began its investigation in Porto Rico it established a hospital consisting of tent wards, first at Bayamon, and later at Utuado, the most anæmic districts of the Island.

The object of the treatment was first to remove the parasite, and then to cure the anæmia. To kill the parasite the commission used thymol, malefern and betanaphthol, but the preference was given to thymol. First the patient received a purge of salts, and on the following day he was made to fast until one o'clock and then given thymol in doses not exceeding four grammes; then another purge was given to remove the parasites killed with the antiseptic. The purpose of the first purge was to clear the intestines of the mucus, etc., so as to allow the thymol to act. The thymol and purge treatment was then resumed once a week until the feces showed no more uncinaria.

While thymol kills the parasite and the purges remove them from the intestine, also diminishing the amount of toxines in the system, these remedies only clear the field for a reconstructive process in the blood which is needful for the restoration of the extremely anæmic patient to health.

Iron was given in the severer cases of anæmia. Pepto-Mangan (Gude) was the only proprietary remedy reported by the commission, the other remedies used being pharmacopœial preparations. That over eighteen pages of the report should be devoted to cases treated with Pepto-Mangan proves the high regard in which the commission held this preparation, and establishes the unrivalled clinical value of Pepto-Mangan (Gude) in one of the most severe forms of anæmia—that of uncinariasis, or miner's anæmia.

In reading the report of the commission, the unbiased character of the work stands out clearly, and yet the results obtained point so distinctly to the supremacy of Pepto-Mangan (Gude) that even if numerous other records were not available, proving the therapeutic value of this remedy, this report alone would suffice to establish Pepto-Mangan at once as the foremost hæmatinic known. The eighteen cases in which Pepto-Mangan (Gude) was used by the commission in the treatment of uncinariasis, were selected on account of their extreme severity, and thus these cases represent the most crucial test to which any iron preparation can be subjected. The

results obtained with this treatment were extremely gratifying. In nearly all of the cases reported we find notes such as these: "Excellent condition; completely cured"; while the difference between the low percentage of hæmoglobin (some cases showing only 11 per cent.) and the low count of the red blood cells, at the beginning of treatment with Pepto-Mangan, and the nearly normal findings at the conclusion, affords convincing proof of the efficacy of the medication.

A noteworthy fact is that none of the patients showed any digestive disturbance after administration of Pepto-Mangan, although the remedy was used for many weeks in each case. When we remember the extremely low state in which most of these patients were found on admission, and the fact that several suffered from gastro-intestinal symptoms incident to their disease, this detail is by no means to be underestimated.

The observations of the commission were made under government control and therefore the report may be regarded as a supreme test, and the efficiency of Pepto-Mangan in one of the severest forms of anæmia is proved beyond a doubt.

Perfect Nutrition as a Vital Incitant in Temporary Asthenia.

As an agent for exciting cell activity and promoting the normal reconstructive functions in temporary stages of vital depression, following exhaustive fevers, acute infections or depressions from overwork, both mental and physical, Bovinine, in my hand, has given the most excellent results. In many cases where no actual pathological lesion could be deducted, but where cell activity was below par and some powerful incitant and nutriment was urgently needed to place the patient upon a good fighting basis, where he could resist infection and overcome the sequelæ of cell exhaustion, the results obtained were both prompt and marked. The following brief case is in point:

Miss N., aged 29, stenographer, who had become anæmic and physically depressed from close application to her vocation, came under my care last March. She had not menstruated for over two and one-half years, has lost nineteen and one-half pounds in that time and suffered from a special hyperesthesia and insomnia. On careful examination, no distinct pathological condition could be induced except the blood impoverishment. She had been under treatment for two years and during that time had taken various forms of iron, arsenic, hydropathy, electricity, etc., until she abhorred doctors and medicines and was in a fair way to become a fit subject for Christian Science. Her principal worry was that she would develop tuberculosis. She was put on Bovinine in tablespoonful doses every two hours, being given in milk and kept on this dosage for two weeks, when the quantity was increased to a wineglassful every two hours. Since then she has steadily improved and at the present time she shows a gain of twelve and one-half pounds, is rosy, cheerful and confident of the future. Though brief, this clinical citation, I think, has some points of genuine interest for the professional mind.—Dr. F. N. Pampinella, Philadelphia, Pa.

Tongaline and Lithia Tablets can be prescribed with the greatest benefit for many people who indulge in generous or intemperate habits of living, as this combination will promptly and thoroughly eliminate any excess of uric acid in the system.

An unusually cold and damp spring is always conducive to the development of much malaria for which Tongaline and Quinine Tablets are almost a specific, Quinine for the fever, Tongaline for eliminating the poisonous secretions.

Carbuncles.

Creel has relied on ecthol given internally, in doses of a teaspoonful, in cases of carbuncles, flax-seed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of hydrogen; after this a topical application of ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—Journal of the American Medical Association.

Latent rheumatic conditions are now more prevalent on account of an exceedingly cold and damp spring, causing many recurrent cases of rheumatism, neuralgia and grippe, for which Tongaline Liquid is the standard prescription.

BOOK REVIEWS.

MATERNITAS; A Book Concerning the Care of the Prospective Mother and Her Child; by Charles E. Paddock, M. D., Professor of Obstetrics, Chicago Post-Graduate Medical School; Assistant Clinical Professor of Obstetrics, Rush Medical College. Price $1.25. Chicago: Cloyd J. Head & Co., 40 Dearborn Street.

The aim of the author in presenting this little work is to aid the prospective mother during her pregnancy, and to guide her in those trying days and weeks after the baby has come and the trained nurse has been dismissed. He has endeavored to explain some of the many perplexing questions which present themselves to her at these times, but which she considers hardly necessary to discuss with her physician.

It is hoped that the busy practitioner may find in the book a not unworthy adjunct to his own advice, especially since it is not intended in any sense of the word as a medical guide. The writer has tried, rather, to impress upon the mother who reads it the importance of co-operating with her physician and early consultation with him on all those matters which properly demand his attention.

INFECTIOUS DISEASES; Edited by J. C. Wilson, A. M., M. D., Professor of Medicine in the Jefferson Medical College; Physician-in-Chief to the German Hospital, Philadelphia; Physician to the Jefferson and Pennsylvania Hospitals, etc. An Authorized Translation from "Die Deutsche Klinik" Under the General Editorial Supervision of Julius L. Salinger, M. D., with two colored plates and Sixty Illustrations in the Text. New York and London: D. Appleton and Company.

This magnificent work of over 900 pages was translated from the German under the editorial supervision of Dr. J. C. Wilson and Julius L. Salinger. Those familiar with the original work of Profs. Leyden and Klemperer, the Deutsche Klinik, state that it stands as a summary of existing knowledge and as a permanent record of the medical science of our times, in the foremost rank. It was deemed wise by the American editors to abandon the ar-

rangement in the form of lectures and to select from the entire work in the original all diseases which are now recognized as infectious, and to combine them in one general volume. It was also found necessary to add a few infectious diseases that did not appear in the original. These have been written by the editors and a complete work on the infectious diseases has thus been presented to the English-speaking medical profession. Those to whom it comes will find it not only the literary embodiment of the most advanced science, but also in a striking degree adapted to the every-day needs of the practitioner, the student and the teacher. This statement is especially true of the present volume. The infectious diseases have recently yielded unlooked for and most significant results to the genius of patient research, for which the Germans are justly famous. We see no reason why the English version may not fill as important a place as has the original, which has become the standard in clinical medicine.

ANNALS OF SURGERY.—The June number of the Annals of Surgery contains an elaborate article by Drs. Craig and Ellis. They made an experimental and histological study of cargile membrane, with reference to (1) its efficiency in preventing adhesions in the abdominal and cranial cavities and around nerves and tendons, and (2) its ultimate fate in the tissues. They found that it did not prevent adhesions in the abdominal or cranial cavities but that it did do good with reference to preventing adhesions of nerves and tendons. There are a number of other equally interesting articles, notably one by Dr. Maury on his triangular twine stitch for gastro- and entero-enterostomy.

ANNALS OF SURGERY.—The May number of the Annals of Surgery contains five original memoirs devoted to the surgery of the stomach, œsophagus and pancreas. The article by Dr. Pond on "Some Surgical Considerations pertaining to Gastric Dilatation" is especially interesting as showing the modern trend to give surgical relief to these intractable cases. The article by Dr. Irving S. Haynes on "Tuberculosis of the Testicle" is very instructive.

What Luther Burbank Has Done.

In the Country Calendar for July, W. S. Harwood gives the following summary of the work of the marvelous Californian plant breeder:

"For thirty-five years, Mr. Burbank has been at work creating new forms of plant life and improving old ones. In that time he has created, by breeding and selection, more than two thousand five hundred distinct species of plants.

"Some of his 'creations' are:

"The primus berry, a fruit unknown before, made by the union of a blackberry and a raspberry, which union scientific men said was impossible.

"The white blackberry, very beautiful, with a delicate flavor.

"The 'phenomenal berry,' a similar creation, a cross between a raspberry and a California dewberry, having the color of a raspberry and the shape of a blackberry, but larger than either, far more productive, and with a flavor surpassing both.

"The plumcot (result of the union of the apricot and the plum), of rare flavor and richness, again disproving the dictum of the scientists.

"A plum with no pit and one with the flavor of the Bartlett pear.

"A walnut first so thin of shell that the birds could peck through it, afterward bred backward along the path

it had come until a shell of the required thickness was secured.

"He has produced a new thornless cactus, a combination of many other varieties, which bears a fruit, too, for man and beast, and which will redeem the desert places of the earth; he has done all these, and many other marvelous things which may not be mentioned here for lack of space."

MEDICAL NEWS AND ITEMS.

(Culled largely from the Medical Age)

There have been 1,202 deaths from cerebro-spinal meningitis in New York since January 1, 1905.

Lord Lister, famous in the earliest days of antiseptic surgery, has just celebrated his seventy-eighth birthday.

A lottery to encourage vaccination has been established in Madrid. The mayor presents a ticket to each person who submits to this dreadful operation.

Analytical tests made by the chemists of the Boston Board of Health and of the State Board have revealed the presence of salicylic acid in certain canned baked beans, sulphuric acid in Hamburg steak, and boric acid in butter, offered in the public markets of Boston.

The British government is sending a scientific expedition to India to investigate the origin and cause of plague. They have entrusted the direction and arrangements to the Royal Society and the Lister Institute.

The Jacksonian prize for 1904 has been awarded to Mr. H. J. Patterson, of London, for his essay on "The Diagnosis and Treatment of Such Affections of the Stomach as are Amenable to Direct Surgical Interference."

Governor Pennypacker of Pennsylvania has signed the bill passed by the legislature at its recent session abolishing the State Board of Health and establishing in its stead a Department of Health, whose head shall be clothed with almost unlimited authority in safeguarding sanitary conditions in the State.

High Point, N. C., one of the most progressive towns in the State, recently opened a well equipped hospital of 14 rooms.

The University of North Carolina is to have a $50,000 chemical laboratory.

Paris is to have a universal exposition in 1920 to commemorate the foundation of the French Republic.

The United States is to establish food laboratories in Boston, New Orleans and San Francisco, similar to the one recently opened in New York City.

The California Public Health Association held its session this year at Riverside, April 17, 1905. Many interesting papers were read and discussed.

A grant of $150,000 has been authorized by the Carnegie institution for a solar observatory at Mt. Wilson. It is expected that the first equipment will cost about twice this sum.

Dr. J. C. Walton, a former North Carolina boy who did a fine practice in Caswell county and later in Reidsville, has located at Chase City, Va., as physician to the Mecklenburg Springs.

Dr. H. H. Dodson, of Milton, N.. C., is moving to Greensboro.

Flies undoubtedly disseminate tuberculosis.

South Carolina Medical Society.—At the fifty-seventh annual meeting of this society, held in Greenville, under the presidency of Dr. Robert Wilson,

Jr., in April, the following officers were elected: President, Dr. Davis Furman, Greenville; Vice-Presidents, Drs. Stewart W. Pryor, Chester, Crown W. Torrence, Union, and David B. Frontis, Ridge Spring; Secretary, Dr. T. Prioleau Whaley, Charleston; Treasurer, Dr. Charles P. Atmar. The society will meet next year in Columbia, the third Wednesday in April.

A Threatened Cholera Outbreak in Russia.—There is some anxiety in St. Petersburg lest an epidemic of cholera add to the troubles of that unhappy country. A despatch from Sosnovice, Poland, reports that deaths are occurring daily there, and that three suspected cases are reported at Tula. The authorities of both these cities have ordered anti-cholera inoculations in the infected regions. At Harbin about 100 deaths occur daily from cholera and dystentery, and it is feared that the disease may spread thence along the Siberian railway into European Russia.

Claim Against the County for Mad Dog Bites.—Whether the county must pay damages for bites by mad dogs within its limits is a question now puzzling the commissioners of Hamilton county, Ohio. There is a statute in the Ohio code which allows persons bitten by mad dogs a sum of not more than $500, but until recently no one ever presented a claim of this kind. Two claims have now been presented from a woman and her mother, both of whom were bitten by the same dog on two different days, and both of whom went to the Chicago Pacteur Institute for treatment. One woman wants $201 and the other $191.—Med. Record.

Heavy Fine for a Quack.—A man who was convicted last week for the third time for practicing medicine without being registered, was fined $500. He had maintained, according to the testimony, an institute for producing doctors for a fee of $50 (the process requiring only a few weeks), a massage establishment, and an office in which he gave ordinary medical treatment.

Dr. G. H. Moran, of Morganton, died of appendicitis in Salisbury on January 22d, age 65 years. Dr. Moran occupied a prominent position in the profession of his town, being physician to the Deaf and Dumb School, and surgeon to the Southern Railroad.

North Carolina State Board of Health.—The annual meeting of the State Board of Health was held recently in Greensboro during the session of the State Medical Society. Four of the nine members retired this year. The State Medical Society filled two of the vacancies by the re-election of Dr. George G. Thomas, of Wilmington, N. C., whose term was expiring, and Dr. Thomas E. Anderson, of Statesville, N. C.. The Governor appointed two members also, naming Dr. J Howell Way, of Waynesville, N. C., and Dr. W. O. Spencer, of Winston, N. C. All the appointees are regarded as men of unusual ability. Dr. Thomas is the chief surgeon of the Atlantic Coast Line Railroad, and has been identified with the work of the board for a number of years. Dr. Way has been very active in the affairs of the profession, and has done good work on the State Board of Medical Examiners and as secretary of the State Medical Society for some years past, has done much to make the revision plan of the American Medical Association a success in North Carolina. His appointment by the Governor gave great satisfaction to the profession. Dr. Thomas is well known to the profession, having been a member and secretary of the State Examining Board for several years. Dr. Spencer is the

family physician of the Governor, and stands well in the profession in his section of the State.

Prof. O. Vulpius, the well known orthopedist of Heidleberg, recently operated, says an exchange, on a young man whose right knee was ankylosed at an acute angle. There was also a tumor on the inside of the leg above the knee.. Pulpius told him, it is said, that the knee could be straightened by a simple and harmless operation, and that he could return home in eight to ten days. Vulpius severed the flexor tendons behind the knee and divided the femur above, and placed the leg in a padded plaster cast in extension. The tumor was not removed and no hole was left for it in the cast, but the toes projected from the cast. In the course of twenty-four hours they became discolored, with loss of sensibility, as Vulpius determined himself by pricking with a needle. He made no change in the dressings and left town, leaving the further care of the case to his assistant. The leg became more and more painful, and by the twelfth day the toes were blue and swollen with fever. The assistant finally yielded to the patient's entreaties and removed the cast. The foot and leg were found gangrenous, and on the twenty-eighth day Vulpius—who had returned in the meanwhile—amputated the leg. The patient left the clinic after a three months' stay and instituted proceedings against Vulpius. He demanded that Vulpius should provide him with an artificial leg and pay him a yearly pension of $125, in quarterly instalments, and also a cash indemnity of $3,000. The local court decided in favor of the plaintiff, and appeal to the Supreme Court resulted in a confirmation of the verdict.

The New York Post-Graduate Medical School has just inaugurated a separate and distinct department to be known as a school of anatomy. This most important branch of medical science will henceforth be handled elaborately and with detail in all its branches The managers of the Post-Graduate School have long believed that insufficient attention is generally given to anatomy, and have awaited the psychological hour for this new departure. A separate building has been secured for the work adjoining the established school and hospital buildings. Dr. Neil MacPhatter, the former adjunct professor of surgery, has been placed in full charge.

Diplomas Withheld from Medical Students.—The Faculty of Georgetown College, Washington, D. C., has voted to withhold diplomas from eleven seniors in the medical department for cribbing in their final examinations. The difficulty grew out of the protest of the class against being examined in medical zoology, because they had been unable to get text books on the subject. The faculty insisted and the students thereupon felt at liberty to inform each other and to get what help they could from outside to pass the examination in this branch.

Health Officer's School.

The May issue of Central States Medical Magazine speaks in high terms of a school established by the State of Indiana for giving annually a course of instruction to the various county health officers. We can well see how an institution of this kind can be made both interesting and profitable.

Any kind of strong thread boiled in five per cent. carbolic solution for 20 minutes, or in plain water for half an hour, makes a good sterile suture material in an emergency.

Surgical Hints.

The employment of drainage in wounds is becoming more rare every day, especially in the case of an aseptic operation. If a drain should be thought necessary in such a case, its usefulness is commonly over in 24 to 36 hours, and it should be removed at the end of that period.

Difficult urination in men is due to stricture, to prostatic enlargement or to inflammation and distension of the seminal vesicles. One or more of these causes may be present, and no case of difficult urination can be treated intelligently until careful urethral and rectal examination has been practiced.

In the case of any wound in which there has been much laceration and hemorrhage, never renew a dressing without having made the most careful preparations against the sudden return of bleeding. Have your instruments and dressings all sterile and at hand for immediate use, for the life of a patient may depend on prompt aseptic action.

Certain articles of food, such as jelly and beef-tea, contain hardly any nutritive elements. If they stimulate the desire for food and are pleasing to the patient, they have a well-indicated place, and in moderate amounts will do no harm. As soon as digestion and assimilation return to the normal state, however, these substances must be eliminated from the diet.

The slightest deformity, disease or abnormality in the sexual organs of man may give rise to sexual neurasthenia. If you make light of any such case you may simply drive the man to consult quacks. Reassure the patient and explain the slight nature of the ailment, but relieve it by operation or otherwise, however trivial it may be, if it causes a distinct mental disturbance.

Whenever the removal of tissue or exudative material leaves an empty space, be sure that the dressing is sufficiently elastic, and exercises enough compression to bring the walls together and prevent the filling of the space with blood or other fluid, which would probably cause suppuration, and in any case would be absorbed with difficulty, thus causing delay in healing.

Pain about the shoulders, in children, is a frequent sign of beginning caries of the cervical vertebræ.

One may look for pus with an aspirating needle, but it should never be used to remove pus. The wide open door is the only policy to adopt.

When the scalp has been laid open, and you are not sure whether you are dealing with a cranial suture or with a fissued fracture, wipe the part carefully with a cotton or gauze sponge. If there is a fracture you cannot wipe the blood away, whereas it will come away readily from a suture.

Little children, however carefully they are fed, are very apt to develop diarrhea when operated on during hot weather. Hence it is best either to postpone the operation or to immediately institute as careful intestinal asepsis as possible if compelled to operate owing to an emergency.

It is never wise to ascribe any feminine aches or pains to an anteversion without being very sure of one's facts. Anteversion is normal, and hence practically never gives rise to trouble by itself. There is either some other factor at fault, or else there is a true flexion, giving rise to the symptoms due to bending of the uterine canal.—International Journal of Surgery.

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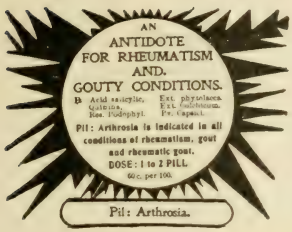

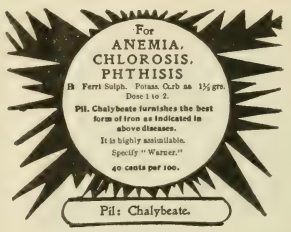

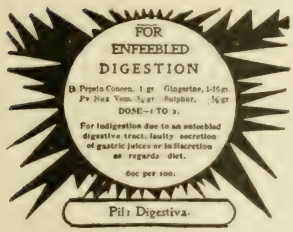
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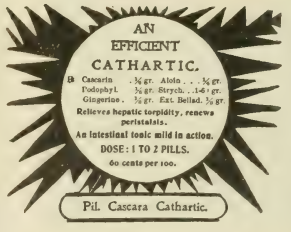
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Modern Medicine in Antiquity.

That much of what we consider up-to-date medical practice was known to the ancients is asserted by the author of an essay on the evolution of medicine, contributed to the Journal de Pharmacie. After mentioning numerous so-called discoveries of the past two centuries that were merely the revival of forgotten facts the writer goes on to quote an abstract in The Lancet (April 22):

"Many remedies that were employed in remote antiquity fell into disuse and were again introduced into practice at a later date. Thus arsenic was used as a febrifuge by Lentilus, and Hippocrates recommended it for cancerous affections. The most recent researches have resulted in the employment of arsenic for the same purpose in the form of organic compounds. Pythagoras recognized the diuretic value of squill, but its use lapsed for a long period. Opium has been found in the dwellings of the inhabitants of the lake villages of Switzerland as well as in ancient Egyptian tombs, but afterward it appears to have been forgotten during several centuries. Hippocrates employed this drug freely as a sedative, and afterward it had a vogue in the Middle Ages. Even Paracelsus did not scruple to use this vegetable drug in the case of one Kormel von Lichtenfels, who had vainly tried other practitioners without being cured. Paracelsus speedily effected a cure, but it is of interest to note that the patient refused to pay the fee which had been agreed upon before the treatment was begun. The case was tried before the court at Basle, with the result that the fee was reduced to a few florins. This so angered Paracelsus that he reproached the judge and so brought about his banishment and the loss of the chair which he occupied in the university. A remedy known to Galen was the male-fern, which after the lapse of centuries was brought to the notice of Louis XVI. by a quack. In surgery it is no less true that some of the methods employed by modern advanced surgeons were known to the ancients. Thus Hippocrates mentioned intubation of the larynx and Cœlius Aurelianus gave instances of the successful operation of tracheotomy. Praxagoras ventured to perform a laparotomy and employed intestinal sutures. Operations for hernia were performed 250 B. C., and Serapion removed diseased kidneys. Puncture of the thorax in empyema was rediscovered in 1650, after having been forgotten apparently for centuries. That the practice of asepsis is not entirely modern is shown by the fact that contemporaries of Hippocrates were in the habit of dipping their instruments in boiling water. In the thirteenth century it was customary before operating to administer to patients, by means of sponges placed in the nose, the juices of sedative plants—*e. g.*, stramonium, belladonna and mandragora, consciousness being regained by the application of vinegar compresses. Among other methods of treatment now in vogue hydrotherapy, gymnastics, and the open-air treatment were practiced by the Romans and the Greeks. Hypnotism was thought highly of by the priestly physicians in the temples of Isis, in ancient Egypt. Perhaps one of the oldest forms of medication is organotherapy, which after a period of decline has again come into vogue. In medicine and surgery, as in all the arts and sciences, methods become general, then lapse into disuse, to be revived possibly at a later period and then to achieve a popularity which attaches to a supposed new thing."

Dangers From Indiscriminate Use of Cathartics in Acute Intestinal Conditions.

M. L. Harris, Chicago (Jour. A. M. A., Feb. 25), states that physicians often fall into the error of prescribing cathartics in every case in which there is interference with normal bowel action without considering the cause of the condition. He calls attention to the danger of giving cathartics in cases in which there is mechanical closure of the lumen of the bowel, such as occurs in strangulated hernia, or in strangulation by reason of loop of bowel becoming canght in an omental or mesenteric opening. He states that if cathartics are given in these conditions, the contents of the intestine above the obstruction are turned back and forth, and not being able to pass the obstruction, are forced back into the stomach, thus giving rise to the foul, offensive vomiting so characteristic of the condition. In intussusception the chief effect of cathartics is to augment the congestion and swelling and thereby lead earlier to complete obstruction and sloughing. Dr. Harris reports a case of sigmoiditis in which a cathartic produced bloody stools. He operated, thinking that there might possibly be an intussusception, but found only a sigmoiditis. Dr. Harris protests against the indiscriminate administration of cathartics in acute conditions in the abdomen, and emphasizes the importance of physiologic rest of the intestine. He advises early operation in all cases of mechanical obstruction.

For padding of the axilla or mammæ in dressings that are not frequently renewed, gauze is preferable to absorbent cotton, for the latter "packs" and becomes matted with an acrid secretion, thus producing the very irritation of the skin it is intended to prevent.

"Cheer thy Spirit with this Comfort"
Shakespeare

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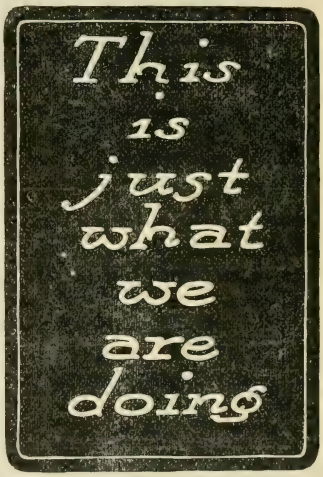

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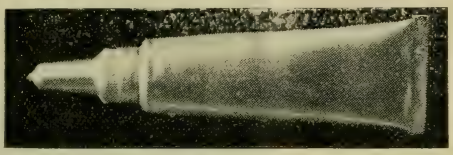

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The Right and Timely Thinking.

Walking down Washington street, I met a patron of mine who was hurrying to my office. He was white with scare, and great beads of sweat stood on his brow. He informed me that he had just swallowed, by mistake, half an ounce of a strong tincture of aconite!

I requested him to open his mouth, which he did, when I squirted a mouthful of tobacco juice down his throat. For the next minute every second of his time was divided between vomiting and trying to punch me. In order that he might give his undivided time to puking, I rapidly perspectified into invisibility. It was true that he had swallowed the aconite, and it is true that he recovered. My method was not esthetic, but it included all the difference there is between a live and a dead man. It goes without saying that no decent doctor will chew tobacco, but it is also true that, sometimes, good will come of evil.—W. C. Cooper, M. D., Cleves, O., in Alkaloidal Clinic.

Uncinariasis of Hookworm Disease.

Every single investigator who has heard Dr. Stiles' words of warning and taken the trouble to investigate their truth, has most heartily endorsed his views as to the frequency and importance of uncinariasis, and his views which receive this unanimous and enthusiastic endorsement are that in the Southern Atlantic, Seaboard and Gulf States uncinariasis is second in importance to no disease, not even excepting tuberculosis, malaria and gonorrhea. All one has to do to find this disease in the above mentioned districts (*i. e.*, warm, sandy districts of Southern States) is to suspect its presence.—Watson S. Rankin, M. D., Wake Forest, N. C., in Alkaloidal Clinic.

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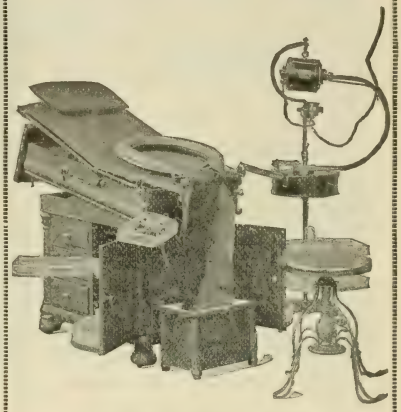

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Immunity.

In a special article now running through several issues of the Journal A. M. A., the subject of Immunity is treated in an elementary way. It makes interesting reading for the general practitioner who is apt to be dazed by the terms used in scientific articles on this subject. Our knowledge of immunity comes into play in all branches of medical practice, and the physician who does not keep in touch with the advances on this subject is apt to feel left behind. The Journal explains the difference between natural and acquired, active and passive immunity. The powers of the sera of animals after being inoculated by various diseases have made wonderful changes in the practice of medicine. This branch of science is only in its infancy. Some physicians have expressed the hope that science would yet master all infectious diseases. Progress, however, is baffled in many respects, and the things that we do not yet know leave a wonderfully stimulating field of observation open for the student to enter.

Alcoholic Mania.

The Journal of the A. M. A. editorially (April 15, '05) calls attention to the dangers to the community in allowing persons with alcoholic mania to be at large. There is a regular type of insanity following the over-indulgence in alcohol, and it often leads to severe outbreaks. Physicians know them, and the friends of the drunkard should be taught the danger signals. Delusions of distrust, especially of the virtue of his wife or the honor of his friends, unfounded suspicions of those nearest to him and whom he should most trust are prominent symptoms, and when exhibited, the man should be promptly locked up to prevent bloodshed.

Dyspepsia.

F. B. Turck, Chicago (Jour. A. M. A., June 10), considers dyspepsia one cause of national decay, hence its importance, not only to the individual, but to the State. He describes the mechanism of digestion and shows how it depends on proper fulfillment of the functions of gastric secretion and motility and how these depend on the general integrity of the splanchnic circulation which itself may be deranged by disorders of the gastro-intestinal and gastric lesions. This connection of the circulation is very important in the treatment. If any one of the tripod—motility, secretion and circulation—is disturbed, dyspepsia is the result. The quantity and quality of the food, the times of eating, etc., are specially important in this connection, and in the treatment must be first considered. When dietetic measures fail, however, either on account of infection of the stomach from pyorrhea or naso-pharyngeal catarrh, for example, other measures must be resorted to. The stomach may also be overloaded, and its muscles lose their power, with consequent stagnation and fermentation, and the various cardiac and other general symptoms of the condition. Here lavage may be directly remedial in removing the load and in stimulating the gastric peristalsis. When the mucosa is colonized with germs, however, simple lavage or even gastric douching may not suffice to remove them. He advises the use of a double stomach tube for this purpose, the inlet tube with fine perforation, and the oulet with larger ones, thus projecting yet with considerable force against the gastric walls and allowing a free outflow through the larger tube. When this is insufficient to detach the colonies of germs from the mucosa his gyromele comes into useful application.. In cases of extreme gastric atony and dilatation, he uses the gastric bag dilator with air inflation, the repeated use of which will stir up the stomach and restore its motor function. In most cases the simple inflation of the stomach with air, medicated or not, is sufficient. Turck does not consider the use of electricity as of proved value in these cases, and he has not much faith in drugs excepting for the relief of symptoms, as in the use of alkalies for hyperacidity, etc. Antiseptics are apparently efficacious, but he considers them generally unnecessary.

Acceptable Medical Advertising.

To our minds the most scrupulous care should be given the reading pages of a journal—the advertising is of less moment. In fact, it savors of paternalism for the editor to say what shall be placed before his readers in a commercial manner. So long as the journal excludes known frauds, the choice of remedies seems to be one in which the doctor himself has the sole right to decide; and if the manufacturer values his goods enough to be willing to pay to have them presented to its readers, why should the editor censorize them according to his own ideas of what is useful or preferable?

We never did like expurgated editions. Well-known frauds should always be excluded and if one chooses to limit further, it would be rather by excluding articles also advertised to the laity, as well as to and against the best interests of the doctor, rather than the less objectionable ready-made prescription and proprietaries which the doctor has a right to use if he so desires and should use if he knows of nothing else as good for his cases.—Alkaloidal Clinic.

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Infant Feeding.

F. S. Churchill, Chicago (Jour. A. M. A., May 27), discusses the embarrassments of infant feeding when breast milk is not available, and the unsatisfactory results of the common practice of diluting cow's milk with water in such cases. He summarizes practically as follows: Cases of difficult feeding in infancy are: 1. Those of fat digestion; 2. Those of sugar indigestion; 3. Those of proteid indigestion. Each of these may occur alone or in combination with the others. Proteid indigestion is most common, but fat indigestion is also frequent. Each must be treated individually, the form of indigestion present must be ascertained if possible and appropriate measures be adopted. The treatment is almost exclusively dietary; the fats and sugar can be regulated by varying the amounts of cream and sugar in the food. The composition of cow's milk, with its high caseinogen and low lactalbumen content must be remembered in treating proteid cases, the caseinogen must be cut down or eliminated, if need be, and the lactalbumen retained. This twofold object is attained by feeding whey. Increase in quantity and quality of the food must be made gradually. In conclusion, he suggests the desirability of careful study of artificially fed infants and publication of the results.

Silk and silkworm gut, when properly sterilized, are usually inoffensive when buried in the tissues. Yet they sometimes give rise to trouble, and it is bad practice to leave buried sutures of these materials whenever absorbable ligatures might have been used instead.

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The Treatment of Eczema and Impetigo in Children.

(Med. Record.)

ALLEN gives the following as his treatment for impetigo:

First of all, search for pediculi as possible disseminators or distributors and perpetuators of the affection. Remove crusts if necessary with potato flour poultice and apply a 10 per cent. ammoniated mercury ointment, or wash with green soap solution and then with 1-1,000 bichloride of mercury. For small areas, paint with 50 per cent. ichthyol in water, or 5 to 10 per cent. ichthyol in collodion. Salol diluted will answer as a dusting powder, or apply one per cent. Beta Napthol with 5 per cent. boric acid in vaseline. As a rule, however, ointments are not so good as washes.

"For the scalp: 10 per cent. sulphur sublimate, ½ to 1 per cent. red sulphide of mercury in vaseline. In infants at the breast, milder ointments, such as salicylic acid and bismuth or Lassar paste, spread on cheesecloth and applied, will serve. It is only in the rarest instances that any internal measures will be called for."

Multiple Herniæ.

W. S. BRAINBRIDGE details a case of multiple herniæ (Buff. Med. Jour., April, '05), in which there were five hernias protruding through the fascia in the medium line. In this patient (a woman) the following operations were performed: (1) divulsion and correltage, (2) femeral epiplocele, (3) hernia epigastrica, (4) umbilical entero-epiplocele, (5) para-umbilical epiplocele, (6) fra-umbilical entero-epiplocele, (7) lipoma and epiplocele, (8) ventral fixations, (9) appendectomy.

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Typhoid Fever.

William Royal Stokes, Baltimore (Jour. A. M. A., Feb. 25), has studied the etiology of several epidemics of typhoid. In the first two reported the infection was traced to springs, and in the second of these all other possibilities were fairly excluded. Another epidemic was clearly traced to the milk supply and has already been reported by Fulton. A rather striking fact in this connection was the infection of a number of female factory employees, who were supplied by a dairy lunch, while the men, not supplied, entirely escaped. A small outbreak, which occurred in a suburban community is noteworthy on account of the long periods of incubation, 23 and 28 days in two cases. The last epidemic reported occurred among students in a college and was traced to a student returning from Christmas vacation at home. The sewage was infected from this case and the seepage from the sewer infected the spring. Only those who drank this water took the disease, and the epidemic ceased as soon as its use was discontinued. In all these epidemics the water or the milk supply was thoroughly examined bacteriologically, and the findings corresponded with the result, the colon bacillus being present in all the infected fluids. The article shows the value of thorough sanitary surveys in typhoid epidemics.

Dyphtheria Antitoxine and the Eyes.

Rice writes a short note to Medical World (May, '05), stating that he has observed that all children receiving diphtheria antitoxine are affected with hypermetrophia, and asks if others have observed this condition.

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The Doctor At Home.

Query:—Is the doctor sufficiently at home? Does he arrange his affairs in a manner to permit him to properly perform his duties connected with his home? Is he not apt to be overcome by the responsibilities of his life; to become so devoted to the performance of his duties to patients, that he neglects his duties to those who in the mind of every citizen, should be first—the members of his own family? Is there any other class of persons in the community which so completely ignores the demands of home as the doctor?

The habit of life of the physician naturally make him unsystematic; his duties as he advances in his profession become burdensome and exacting; the calls upon his time from his patients are continuous, never ending, almost. Then if he properly equip himself so as to perform his duties to his patients, the demands upon him in the direction of study are great, and the ones most apt to be neglected are the members of his own household. Too often he neglects his finances and at the same time neglects wife and children unintentionally, but simply for the reason that he thinks the necessities of his calling demand it.

A doctor's wife of the writer's acquaintance, made the observation on one occasion that she thought a physician's wife should have two husbands, one to attend to his patients and his business and the other to look after the interests of his family. Probably she was right, but there might be a conflict under these conditions between the two regarding their respective duties.

Does not the trouble lie in the fact after all that the members of the profession do not study how to perform their work in the easiest manner for

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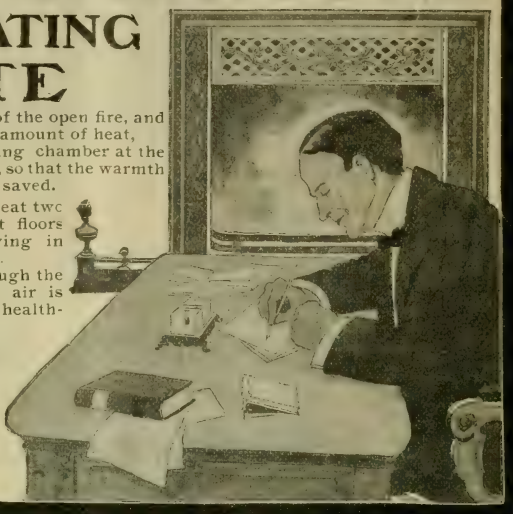

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themselves and for the good of all concerned?

Might they not better be more exacting in the regulation of their hours; might they not educate their patients in the direction of being more considerate? Of course when sickness enters the average home it paralyzes all concerned and at once the doctor is wanted, and *wanted at once*. If, however, the patients should be properly impressed with the fact that the doctor has rights which ought to be respected, they would stop to think now and then and say: "Can I not arrange my summons for the doctor in a way that he may receive it early in the day so that his calls may come in such a manner as to enable him to map out his work for the day?" If they were properly reminded of the necessity for sleep on the part of the doctor, might they not frequently send their calls in at an earlier hour in the day so that they might be made in daylight rather than towards midnight? If the patients be impressed with the fact that the doctor must have sleep and rest and a little time to devote to the pleasure of his family, and this were emphasized by an announcement that all calls after dark should be charged for at double price, the result ought to be attained.

Many of the discomforts of a busy doctor's life might be avoided were he to make proper efforts to study his own interests and to teach his patients to have some regard for his comfort.

He who has no regard for himself will find the world neglectful and wanting in respect for him. A generous consideration for humanity should demand from the physician a selfish watchfulness of the interests of the mechanisms through which he serves suffering man.—*Medical Record.*

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2. The method is based upon the fact that newly formed tissues of all kinds has less resisting power than the normal structure when exposed to an irritation, and its consequent inflammation. Hence the former breaks down under an "insult" which the latter successfully resists.

3. If, therefore, the whole affected parts be subjected to the influence of an irritant of just sufficient strength to cause a reactive inflammation intense enough to destroy the vitality of the new cells, the older normal cells will survive.

4. Arsenious acid of poorly mitigated strength is such an agent, and its pplication causes an inflammation of the required intensity.

5. It therefore exercises a selective influence upon the tissues to which it is applied, and causes the death of the cancer cells in localities outside the apparent limits of the new growth, where there is yet no evidence of disease.

6. It is superior, in suitable cases, to any method, knife or cautery, which requires the exercise of the surgeon's judgment as to the extent to which it is to be carried. That the judgment is often wrong, and necessarily so, is shown by the frequency of recurrence under these methods even in the best hands.

7. It is applicable to all cutaneous carcinomata in which the deeper struc-

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tures are involved, and which do not extend far unto the mucous membranes.

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"Be early to rise and early to bed;
Take exercise freely, bathe each day,
Fresh air in your chamber, sir—fresh, I say;
Stop tobacco at once, neither smoke nor chew;
You'd better cut out old red-eye, too.
No pastry, my man, and abstain from meat,
And nothing that is fried must you dare to eat.
Indulge in no sport or exciting game,
Let your life be quiet and slow and tame.
No coffee you'll drink, and the same with tea;
All sweets you'll omit, for you plainly see
That the only way to be well and strong
Is to follow instructions right along.
If there's anything now that you like to do
I advise you omit it, and say to you,
If I had neglected to cut out things
Which pleasure and joy to your palate brings
I leave to your sense to omit at once,
So do as I say—don't be a dunce."
When the patient has gone, with a wise old nod
The doctor swallowed his evening tod
And sat him down to a lobster broiled
And steeped in sauce and quite thickly oiled,
And finished up with a salad mess
And lit a cigar and said, "Ah yes,
I must daess again, for the boys are raw
If I'm late to our little game of draw.
And at three a. m., when the day would dawn,
The doctor got home, and with weary yawn,
Told that same old tale to his doting wife
Of the troubles and woes of the doctor's life.

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Syphilis a Disease of the Innocent.

L. D. Bulkley, New York City (Jour. A. M. A., March 4), states that this disease is too invariably considered disreputable and not to be mentioned in good society; it is often innocently acquired. He mentions its prevalence in past times and in certain parts of the world and its infection of whole communities, largely through family life. He quotes Fournier's statements regarding the innocent acquisition of syphilis, and says that in his private practice this was the case in 50 per cent. of female cases, and that in married women the percentage of innocent infection was quite 85 per cent. He notices the occurrence of the hereditary form and the methods of extragenital infection. No one is certain, he says, of not being infected innocently. In view of these facts he urges that this disease be placed among the contagious diseases under the control of the boards of health. He advises making it a punishable offense to communicate this disease knowingly. If these measures could be carried out, he believes that a great step would be taken toward restraining the disorder and preventing infection of the innocent.

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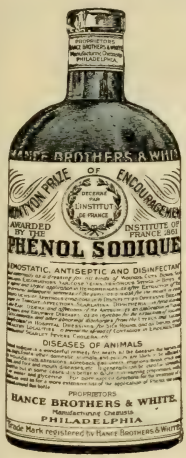

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The Council on Pharmacy and Chemistry Reports on Acetanilid Mixtures.

The first official publication made by the Council on Pharmacy and Chemistry appears in Jour. A. M. A., May 27. A sub-committee has purchased in the open market original sealed packages of various proprietary and patent remedies containing acetanilid—some of them represented to be chemical compounds—and publishes results of its examination of them as follows: Ammonol: acetanilid, 50; sodium bicarb., 25; ammonium carb., 20. Antikamnia: acetanilid, 68; caffein, 5; citric acid, 5; sodium bicarb., 20. Koehler's headache powders: acetanilid, 76; caffein, 22. Orangeine: acetanilid, 43; sodium bicarb., 20; caffein, 10. Phenalgin: acetanilid, 57; sodium bicarb., 29; ammonium carb., 10. Salacetin: acetanilid, 43; sodium bicarb., 21; sodium salisylate, 20. All of these were mixtures. The Journal, commenting on the work, calls attention to the danger involved in the physician's prescribing such a remedy as one of the above without knowing that it contains acetanilid. The report is extremely conservative, and repeated analyses have been made so that no erroneous statement should be published.

Chronic Acetanilid Poisoning.

D. D. Stewart, Philadelphia (Jour. A. M. A., June 3), reports two cases of acetanilid addiction, one of them at considerable length, and refers to others in the literature. The symptoms in the severer cases of chronic poisoning by the coal-tar products are, he remarks, very similar as regards mental and physical debility. There is cardiac weakness, more or less pronounced cyanosis, and blood changes characteris-

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tic of the action of a hemolytic agent. But for the leucocytosis, the blood conditions would almost suggest pernicious anæmia with their diminution of the erythrocytes and changes in their size and shape, the presence of erythroblasts, often in larger numbers than pernicious anæmia, of polychromatophilic cells, and of cells undergoing protoplasmic granular degeneration. There is usually a notable increase in blood plaques and a leucocytosis is common, the increase, it is reported, being usually in the polymorphonuclear elements. In Stewart's cases, however, which were uncomplicated, there were 37 and 35 per cent., respectively, of lymphocytes. He thinks that possibly in other cases there might have been some complicating disease influencing the leucocytosis and the proportion of polymorphonuclears. In Cabot's case, complicated with nasal carcinoma, while the blood had the characteristic chocolate hue, and the hemoglobin was, therefore, not estimable, there was a leucocythemia. Erythroblasts were lacking, methemoglobin was demonstrable in both blood and urine, and the patient's general condition was good in spite of the evident cyanosis. Such a case might superficially suggest, he says, the condition that has lately attracted considerable attention, chronic cyanosis with polycythemia and enlargement of the spleen. The difficulty sometimes attending the diagnosis in these cases has been noted by others, and stress has been laid on the characteristic anæmia, etc.

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General Therapeutics in Ocular Diseases.

A. Maitland Ramsay, Glasgow, Scotland (Jour. A. M. A., March 4), points out the danger of a narrow specialism and the necessity of paying attention to the broad principles underlying all rational therapeutics, applying this especially to ophthalmology. He emphasizes the evil of assigning to local treatment more than its proper value and the necessity of a study of the general principles of pathology before real progress can be made in the treatment of diseases of the eye. He states that local conditions can often be explained by a study of the general systemic condition. Improper feeding with defective elimination, for example, is often the cause of phlyctenular conjunctivitis, and this illustration of the general principle is carried out at some length in the paper. The importance of assimilation and elimination as a basis for rational therapeutics is insisted on, and Ramsay emphasizes the importance of rest as an aid to nutrition.

Attitude of the Medical Profession Toward the Social Evil.

Howard A. Kelly, Baltimore (Jour. A. M. A., March 4), makes a plea for more active personal endeavor on the part of the profession and of the public for good morals. Indifference, he says, has been the attitude of the past, and its result has been a riot of sin and disease, debauchery of police service, and corruption of the whole body politic. The alternative of government control, ad-

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vocated by some, is a sanctioning of vice and an ignoring of the principles of morality which are the basis of all positive law. Experience, Kelly says, does not show that the legalization of vice is any step toward its abolishment; the effects of legislation in the degredation of the medical profession are deplorable. What is needed, he believes, is a moral crusade sustained by an intense sense of personal responsibility in this matter.

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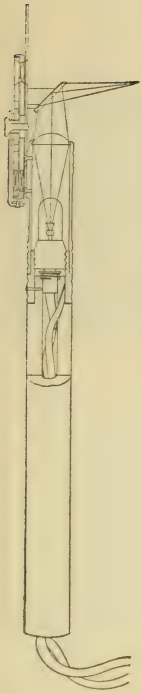

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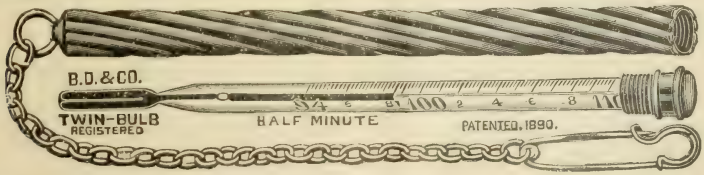

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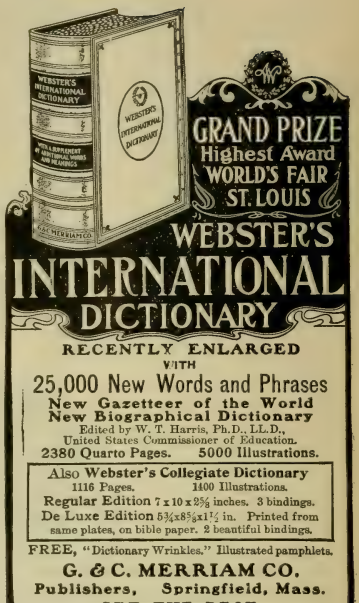
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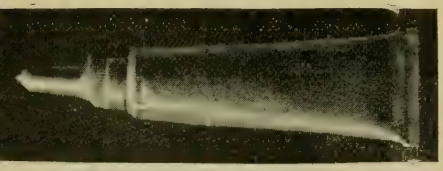

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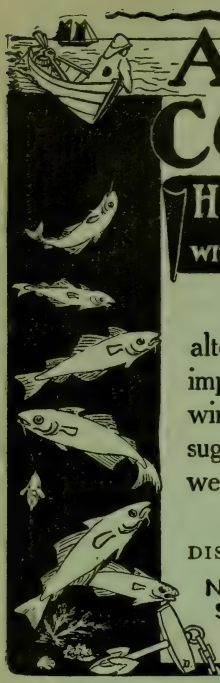

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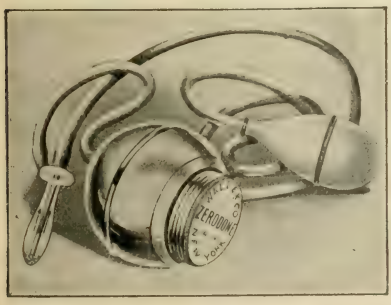

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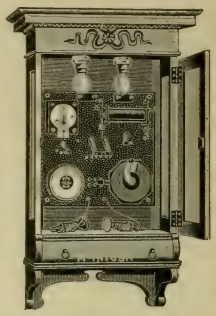

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ORIGINAL COMMUNICATIONS.

Perineal Drainage in Congenital Defects and Fistulae of the Male Urethra.

(By R. L. Payne, M. D., Norfolk, Va.)

In no class of cases are good results more difficult of attainment than in congenital defects of the male urethra.

In hypospadias, epispadias and urethral fistula success, when attained, is usually the result of repeated attempts. The necessary plastic work no more difficult than work of similar character in other parts of the body constantly fails and the most frequent cause of failure is the presence of the urine. Many operators tell us in the operation for hypospadias the primary operative procedures are usually accomplished with ease, but when at length the anterior urethra is formed and the critical time has arrived for uniting the new canal with the misplaced meatus the real difficulty is at hand.

We are advised after the necessary cutting is done to make ready the raw surfaces for approximation that we shall pass a catheter through the newly formed urethra and the deep urethra into the bladder and then having sutured the denuded surfaces over the catheter the catheter must be retained in the bladder for five or six days so that no urine is allowed to come in contact with the wound. Theoretically, this method is admirable, but in practice I have found it defective. The catheter is itself a foreign body and to greater or less extent the tissues reject its presence. More or less urine will trickle along the sides of the catheter when the bladder contracts and infect the wound. The catheter often becomes

*Read Before the North Carolina Medical Society at Greensboro, N. C., May 22, 1905.

infected and so infects the wound, and in some cases the salts of the urine become incrusted about the end of the catheter and in the effort at withdrawal the tender line of union in the wound is injured. In urethral fistulæ the same difficulties exist and in this class of cases the urine is frequently septic. In the operation for epispadias it is impossible to keep a dry wound. In this class of cases then I wish to urge as a primary step in the operation that the urethra be opened in the perineum, a soft full-sized catheter be introduced through the wound into the bladder and fastened with a stitch thus constantly draining the bladder and diverting all the urine from the wound with ease and safety, the success of the operation for the defective urethra is well-nigh assured and after a week has passed the catheter may be withdrawn from the bladder and the wound in the perineum quickly heals. This is a simple expedient and one which may be in use by others, but so far as I know is not recommended by any other operator.

I have had no opportunity to try the method on a case of hypospadias or epispadias since I have thought of adopting it, but the following case of extensive urethral fistula was practically one of hypospadias and serves well to illustrate the value of perineal drainage in this class of cases.

M——, a mulatto male about 40 years old, was referred to me for operation for extensive fistula urethra. He had long been the subject of a very tight stricture in the penile urethra and some months before I saw him while making violent straining efforts to micturate, rupture of the urethra occurred, resulting in extravasation of urine and extensive sloughing of the parts. When I saw him I found the floor of the urethra destroyed for one and a quarter inches from the scrotum forward, the urine could not be thrown from the body, and in sexual intercourse the semen did not enter the bladder.

To all intents and purposes I had an hypospadias to deal with except there was no incurvation of the organ and the urethra though entirely out of commission persisted through the glans. After a few days' preparation, the administration of urinary antiseptic, etc., I divided the strictured tissues in the urethra, pared the edges of the fistula and sutured the parts over a catheter previously tied in the bladder. Suffice it to say, in a few days the stitches were found infected and the wound unhealed. After waiting a time to allow the parts to recover from the first operation, and after even greater care in my efforts to sterilize the urine the operation was reepated with like results.

I now waited several weeks for all the local effects of the previous efforts at restoration to disappear and then attempted my third operation. At this time as a first step I did a perineal section, introduced through the wound a No. 20 French, soft rubber catheter till the tip lay just within the bladder and fastened it with a stitch in the perineal wound.

With the urine effectually out of the way I now proceeded to close the defective urethra. The previous operations had greatly enlarged the already extensive opening and so at last I was forced to do the usual operation of Duplay for hypospadias, using, however, a short glass rod to maintain the patency of the urethra at the site of operation instead of a catheter as recommended. The result was perfect. In a week the catheter was withdrawn from the bladder. Two weeks later the perineal wound was entirely closed and all the urine passing with ease through the restored urethra.

The Future of Surgery.

(By H S. Munroe, M D, Davidson, N C.)

The history of surgery in the Nineteenth Century is the most interesting part of medical literature. The progress made is wonderful, and far beyond the expectations or even the dreams of the old masters of the art. It has attracted the thought and labor of many of the brightest men in our profession, who earnestly devoted their talents and their lives to the advancement of its cause. The art has gradually advanced; many new discoveries, based on long scientific study, have been made, till to-day it is indeed a science, for the greater part of the work is based on scientific facts. With such a wonderful past leading up to the remarkable present, with all its achievements, we are prone to wonder what the future will be, and what there is left for us to do to add to the glories of surgery.

The present condition of surgery gives us opportunity for successfully dealing with the great majority of surgical cases, and for saving the lives and relieving the suffering of thousands who were in olden times allowed to die or live lives of pain and misery. The introduction of anæsthetics, the antiseptic method of operating, and the modern aseptic technique, along with a more thorough knowledge of surgical conditions, have broadened the field of surgery. The modern well-equipped hospitals all over our country have greatly increased the proper equipment for carrying out the work successfully. With such a status of affairs, we are apt to think that surgery is already a perfected science, that there is no more in store for us, and little room for progress. But there must be a future, and it will reveal many things of which we cannot now conceive. It is not my purpose to try to follow the example of Jules Verne, many of whose prophesies came true, by presenting visionary images and seeming impossibilities. Such things are interesting to think of but are of no practical value to scientific men. I wish to mention some of the problems that confront us and point out the most important needs as we see them at the present time. I am indebted to Dr. Keen of Philadelphia, Dr. Senn of Chicago, and Dr. Tiffany of Baltimore, surgeons of national reputation, for personal letters giving their opinions of our shortcomings and the greatest needs of the surgeon to-day.

Sepsis is the worst enemy with which we have to deal. Since the time of Lister we have been able to combat it more successfully, but it still remains the dreaded foe of the operator. The means at our command are not always used or are often employed carelessly and in an ignorant manner. Every practitioner who attempts to do even the minor surgical operations should realize the importance of proper cleanliness in every case. A surgeon is a dangerous man if he does not take all the precaution for the prevention of sepsis, and make himself thoroughly familiar with all the knowledge at his command. It is true that sometimes cases carelessly operated upon will recover with no ill results, but such success is a sign of the goodness of nature instead of a good surgeon. Only continuous success in a large number of cases is proof of good and efficient work. Dr. Tiffany considers the four greatest needs of surgery to be: (1) Cleanliness. (2) More Cleanliness. (3) Continued Cleanliness. (4) Operative Dexterity. Those four great needs of our profession can now be accomplished by patience and practice.

The study of antiseptics deserves our especial attention. They have served a

mission but are far from accomplishing the good we hope to come from them. With our knowledge of bacteria, we need more efficient germicides that will kill the infective organisms with certainty without devitalizing the living cells. We now have no certain and effective method of converting already infected into non-infected wounds. Aseptic surgery is triumphant, but when a large suppurative area is present we are dependent largely upon the human organism to combat it. Our germicides and antiseptics do some good, but are far from effective. Is there not some drug or serum forthcoming to solve the problem? So far the antitoxins have proven unsuccessful, but in serum-therapy there probably lies hidden a great aid to the surgeon. Is there not some serum to be discovered that can immunize men to the pyogenic cocci or else antagonize them and their toxins when present? Is it not possible that serum-therapy will revolutionize the whole realm of sepsis and replace the long and tedious preparations for aseptic work? It remains for the future to decide.

Success very often depends upon the judgment of the operator. Every surgeon must think for himself. Too often his conclusions are fallacious and the results detrimental to the welfare of the patient. To know when to and when *not* to operate is an important element in the future of surgery. Many lives are lost annually, though not often reported, because of an unwise or untimely use of the knife. On the contrary the postponement of surgical aid causes many patients to grow worse until it is too late to save them. Such is the common experience of every physcian. There is a tendency for too much surgery with too little thought of the dangers connected with it. In this surgical age it is often a hard question to decide whether or not interference is indicated and we need more light and more accurate means of coming to definite and satisfactory conclusions. It is our duty to humanity to make a more thorough study of the proper indications for operative measures in every obscure case before the patient is subjected to the dangers connected therewith or denied the benefits to be derived therefrom. At present we are far from perfection in this line and many mistakes are made by most conscientious men.

Chloroform and ether have long given us good and efficient methods of producing general anæsthesia. The mortality from their use is low, yet in certain individuals and in prolonged operations the anæsthetic constitutes an element of danger which is far from satisfactory. A patient under profound narcosis from either of these drugs is always on the border line of death and is unsafe unless in the hands of an experienced anæsthetizer. We need a safer anæsthetic; one which will produce sleep and complete loss of sensation without depressing the vital centers of the individual. It might be used hypodermically, by mouth, or by inhalation. The hypodermic method would furnish us an accurate means of estimating the dose administered, for by inhalation we never know how much is absorbed.

Shock is another condition which is often not overcome by all the means at our command. The patient may die from the shock of injury before he can react sufficiently for surgical aid or he may never be made to react from the profound shock so often following prolonged operations. Too often do we stand by the bedside of a patient to see him gradually sink away regardless of all the powerful stimulants and other remedies we may administer. We

have learned much about the cause and pathology of shock, but there is a great need of better and surer ways of preventing it and of some remedy to bring about a speedy reaction in case it occurs. Is there not some remedy to be devised by which the vasomotor system can be more powerfully stimulated, and the whole nervous mechanism made to respond to its stimulating effect? Atropin and adrenalin are steps in the right direction, but do not meet all the indications.

The various kinds of tumors constitute a class of surgical troubles of which we are ignorant. There has been much investigation made of the structure of these growths, and we now know there is a great variety of them affecting all ages, sexes, races and classes. But we do not yet know the cause of such growths, their exact nature, or their origin. Bacteriology has as yet given no satisfactory explanation. We have no means of preventing or combatting them except by complete removal, which is often difficult. The malignant forms even defy removal and are liable to return in their original nests or in other parts. The surgeon is hopeless when confronted with a large cancer and his only prognosis is that the patient is doomed to an early and horrible death. There is much room for investigation and much to be learned about the cause, prevention and cure of both the benign and malignant tumors. If due to bacteria, we should find them out; if to some faulty local metabolism, we should know it; if to increased circulation, or simple excessive growth of cells, we should not be in doubt of the fact; or if from some local inflammation or disease, we should recognize it.

Tuberculosis has been called "the Great White Plague," because of the vast number of deaths it causes annually. Koch years ago told us the cause of it, but he has failed in all his attempts to bring forward a cure. The tubercle bacillus is a very frequent and malicious visitor to all parts of the body. The pulmonary form falls into the hands of the physician, but the surgical lesions are common and hard to contend with. Lupus, or tuberculosis of the skin, which is so superficially located that all surgical remedies can easily be applied and yet is so resistant, gives us a good example of what we have to deal with in tuberculosis of the deeper structures. The medical profession can confer no greater blessing upon humanity than by finding some practical and efficient way of curing tuberculosis in the lungs and other tissues of the body. Surgery has done her best, but no surgeon wants to operate upon a tuberculous area because of the unsatisfactory results which are sure to follow. We need an effective method of disinfecting areas which are operated upon or some specific to counteract the action of the bacilli and destroy them. Tuberculin and tubercolol have done good in the hands of some, but they are not giving the results we want. The whole subject of tuberculosis is one of the greatest problems that confront both the surgeon and the physician to-day. It yet remains for a man to immortalize his name by giving us a means of establishing immunity or of curing the disease after infection takes place.

There are numerous other defects and shortcomings in surgery. There is also a great deal known about the subject at the present time and enough to keep us working for years to master. Those of the largest experience and greatest knowledge are the best surgeons, but none are perfect and there are many conditions for which nothing can be done. Year by year we hope

these mysteries will be solved and that the surgery of the future which we must help to make will be no less interesting and of as great value to our fellow men as has been that of the past.

Influenza: Its Sequelæ and Therapeutics.

(By C B McAnally, Madison, N C.)

It might not be out of place in the beginning of this paper to give a brief definition and history of this disease. Under a variety of names, Russian fever, epidemic catarrh, la grippe, and influenza, the disease has been well known for more than two centuries. An infectious disease with a continued form of fever, accompanied by a great prostration of all the vital powers, with an almost universal tendency to inflammatory conditions of one or both of the respiratory tract and the alimentary canal. During the past seventy-five years we have had four epidemics in this country. The first in 1830 and the last reaching North Carolina in 1891. After each epidemic, for a period of two to five years, we have had it in almost an epidemic from each year, gradually becoming less frequent and less severe. It is one of the most contagious diseases known and is transmitted directly from person to person, spreading over whole nations and even continents within a few weeks. The bacillus, or causative factor of the disease, was isolated by Pfeiffer—and contrary to the usually accepted theory, is found in more than five per cent. of all acute tonsillar and laryngeal affections, thus accounting for the isolated cases we so often see each year, far removed from the epidemics themselves. One very high authority has recently declared that it is highly improbable that we ever have it or see it in an epidemic form. Yet I am sure many of the gentlemen before me to-day share my experience, in that they see a few cases each year. The importance of knowing what Auerbach has established in regard to the influenza bacilli being found endemically in such a large per cent. of acute throat troubles, cannot be overestimated inasmuch as it renders absolutely certain the diagnosis we so often make in these isolated cases, contrary to the expressed opinion of this high authority before mentioned, Dr. Taylor. During the last epidemic in this section of the State not more than fifty per cent. of the population over the age of three years escaped, and since then fifty per cent. of the remainder have been affected by this disease. Children are for some unexplainable reason not as liable to become infected as adults, and those under three years of age are largely exempt. No disease with which I have come in contact probably gives the patient the mental and bodily unrest, that does influenza. Coming as it does generally with its first manifestations of a nasal catarrh or gastric irritation, followed within a few hours, or accompanied, and often really preceded by intense lumbar pains, aching of legs and head with soreness of whole body, chilliness, often amounting to a distinct chill; cough is almost always present in the respiratory variety, and often in the gastric form, sore throat and hoarseness in most of the severe cases. The mental faculties are acute, except as to the extreme nervousness and in the cases of active delirium. The systemic prostration is marked from the beginning in most cases—and the small irregular pulse is almost diagnostic. In fact, so far as the direct danger is concerned in an uncomplicated case, it is altogether to be expected from this condition of heart failure alone. This failure of the heart as before stated is

accompanied by co-existing muscular and general bodily weakness. Profuse cold perspiration—danger signals warning us of the profound toxæmia that is paralyzing all the forces of life. I have not found the sudamina so often stated as one of the constant symptoms, in a majority of my cases. But the tongue is always deeply coated, first generally white and deeply indented at edges. Often dark brown offensive coating, especially on back part. In the gastric variety you more often find the red tongue than the white or brown. The pulse in my experience is high, generally from 110 to 130; and temperature from 100 to 104. In no disease is there so complete anorexia—all thought of food being nauseating, vomiting in many cases being a constant symptom. The bowels are not regular; sometimes being open, sometimes constipated. The urine is high colored and has the sweetish fever smell that is so constant in the continued fevers. From the history of the disease, as we see it, we might reasonably expect a very high death rate, and yet such is not the case. Very few uncomplicated cases result fatally. However, in my opinion, there are few acute diseases that are to be so much dreaded as this. When you think for a moment of its complications—nearly all of which are immediate results of its prostrating effect upon the vital functions—among the most severe that we meet in the practice of medicine, first of the respiratory tract, pneumonia stands at the head of the list. So far as I have been able to find in post mortem tables no death from lagrippe has been recorded that did not show either lobular or lobar consolidation of the lung. Laryngitis, bronchitis, congestion and œdæma of lungs; pleurisy, abscess and empyæma, all being common complications. In the gastric varieties, the acute or subacute gastritis, the severe forms of diarrhœas and dysentery. The bilious or "jaundiced" condition of the liver or severe hyperæmia of that organ. All these of themselves go to make up a formidable list of human afflictions. And when we try to enumerate their sequella, we do not longer speculate at the gravity of this disease. When we have once realized the direct danger from this disease and its complications we are at least partly prepared to recognize its yet most dangerous features—the condition in which it leaves our patient—the things that so easily come after it—its sequella.

In no disease, that is of itself not dangerous, is the whole human organism left in a condition of such supreme state of exhaustion as in la grippe, thus rendering the patient a most promising subject for the attack of any disease—the weakened nerve system during convalescence, carrying the patient into insanity, most often of the form of melancholia, though in my experience this has happened in only three cases. The condition of the eyes is such that in a large majority of cases it is weeks and even months before the patient can use them for reading any length of time—the functional disturbance often developing into an iritis, and even neuritis. Nasal catarrh, as might be expected, is a frequent sequel. A normal condition of the heart in severe cases is not regained for a period of less than three months, very often not until after six months or more—persistent vertigo attending your patient for months and months. Indigestion, gastric irritation and diarrhœa often follow even mild attacks. Chronic nephritis is one of the most dangerous sequels to which the convalescent is specially liable. Otitis is perhaps third on the list of complications, and as a result many cases are left with impaired hearing. From the nature of the disease we would

naturally expect a large percentage of cases to be rendered special subjects for after-attacks of pulmonary diseases. Hence we find many cases of consumption engrafted on these convalescents or following within a few months, weeks or years. In my own mind the great prevalence of tuberculosis in this country is directly traceable to the epidemic of influenza in 1891 and the cases we have had each year since. In my own section I have been able to satisfy myself beyond a doubt that this is the case. I have seen it suggested that the increase of appendicitis during the past fifteen years is more than likely one of the complications or sequels of this disease. When we come to the treatment of the disease there is much that might be said, but I shall confine myself to those things that I have personally used and in which I place my reliance. The diagnosis being comparatively easy, the character of the disease well known, the treatment should be a simple matter. In most adult cases a full dose of calomel (ten grains) should be given; five to ten grains of sulph. of quinine with an equal amount of Dover's powder, accompanying this or immediately following a full dose of whiskey or brandy. The quinine and Dover's to be repeated as needed, generally every three to four hours. The stimulant will be needed from four to six times a day. A hot lemonade is very grateful at any time. Antipyrin and phenacetine or acetanilid must be given if fever is very high.

One-quarter to half grain Codea given for the aching and cough if other remedies do not at once relieve and repeated as needed. Strychnine I give in nearly all cases. Have used sparteine in only a few cases. The complications must be looked for and treated as they arise. All convalescents must be looked after carefully and tonic treatment given them. Hypophosphites with strychnine is safely given in nearly all cases. Iron, quinine and strychnine should be given in most cases. From the beginning of a case plenty of nourishment in the form of milk and eggs and animal broths should be given. In convalescence a generous diet should be insisted upon. For weeks and months good food, exercise in the open air, sports and pleasant recreations are indispensable. By thus carefully looking after our patients in convalescence we will save ourselves many disappointments and many valuable lives.

I make no excuse for bringing this subject to the attention of this society. I consider it one of very grave importance to every physician who is in the general practice of medicine. And while I may have offered nothing but what we all may know—if I shall cause this disease to be watched more closely and followed farther into its convalescence than is usually done with almost any other disease, I shall feel amply repaid for the time I have occupied.

A Report of One Operative Case of Removal of the Gasserian Ganglion, For the Cure of Tri-Facial Neuralgia.

(By Baxter S. Moore, M. D., Surgeon to the Presbyterian Hospital, Charlotte, N. C.)

Rome Fariss, negro, farm hand, 37 years of age, entered the Good Samaritan Hospital, March 21st, 1905.

HISTORY.

Family History.—Father and mother lived to good old age without any severe illness.

Previous History.—About ten years ago the patient had several malarial chills. With this exception the patient has never had any illness. Three years later, or about seven years ago, the patient had his first attack of neuralgia.

The first attack involved the superior maxillary division of the fifth cranial nerve of the right side.

The patient thought that the neuralgia was due to irritation from teeth which were defective in the upper jaw of the right side; so he had all of the teeth of the right side above extracted.

This first attack lasted about six weeks and then subsided. Six months later the patient had another attack, which was worse than the first.

The second attack not only affected the superior maxilary division of the fifth nerve, but it also involved the inferior maxilary division at the same time.

The patient then had the teeth of the right inferior maxilla extracted. The extraction of teeth of course gave no relief and the attack lasted about seven weeks. In about six months after the second attack the patient had a third attack. This attack was worse than either of the preceding. It involved all three sensory branches of the fifth cranial nerve of the right side.

After the second attack, the following attacks all involved the whole of the fifth cranial nerve of the right side.

The intervals between the attacks became shorter, and the duration of each attack longer. When the patient entered the hospital he was suffering with an attack, which had lasted for seven weeks. His suffering was the most intense I have ever witnessed.

PHYSICAL EXAMINATION.

The patient is about five feet, ten inches in height, weighed about 155 pounds. Muscular development very good.

Heart normal, lungs normal, kidneys normal.

No deformity except the absence of all the teeth from the right side of the superior and inferior maxillar.

The paroxysms of pain came on every four or five minutes and lasted about forty-five seconds. Each paroxysm of pain seemed to be brought on by irritation of the terminal branches of the pharyngeal branch of the fifth cranial nerve. The patient would begin attempts at clearing the throat, and at the same time would place both hands over the right temporal region and commence to rub most vigorously. He would keep this up all during the paroxysm of pain, which would last for about forty-five seconds.

The patient was kept under observation for one week.

OPERATION.

March 28, 1905. Chloroform.

I made an eliptical incision in the skin, starting on a level with the zygoma, and about one-half inch in front of the ear. Carrying the incision up about one-half inch above the squamous portion of the temporal bone, then forward in a curved line ending near the commencement of the zygomatic process of the malar bone.

I then brought my skip flap down and re-sected the zygoma, without cutting the temporal artery and but very few fibres of the temporal muscle.

The hemorrhage in this part of the operation was very profuse, due to the dilated condition of the superficial vessels of this vicinity being greatly dilated from the constant rubbing by the patient during the paroxysms of pain.

With a straight chisel I made an opening through the anterior part of the squamous part of the temporal bone, about one inch in diameter. I then elevated the tempro-sphenoidal lobe of the brain with a flat retractor. At this time the pulse dropped from 90 to 45 per minute.

The hemorrhage at this time was so profuse that I thought it best for the patient to pack the wound and leave it for forty-eight hours. The forty-eight hours during which the wound was packed the patient complained of headache and weakness; at the end of the forty-eight hours I re-opened the wound and removed the gauze. As much hemorrhage was encountered on the second entrance as on the first.

On this entrance I succeeded in removing the ganglion but not intact. The ganglion is found, as you know, on the depression near the apex of the temporal bone, and covered by a very strong layer of dura. This fold of dura was pulled up with a long dull curette, and the ganglion exposed. I was unable to remove the ganglion by getting the sensory root of the nerve first, and then clipping the branches of the nerve after dislodging the ganglion, but was obliged to remove the ganglion in sections with the curette and tissue forceps.

The fibres of the temporal muscle were sutured with chromic gut and the skin with ordinary catgut, the wound being closed without drainage.

Within four hours after the patient was put to bed his pulse became normal. Throughout convalescence temperature and pulse were practically normal.

On the fourth day after the operation, the patient walked to the operating room and was dressed. There was no injury done to the right eye and the area of analgesia extended throughout the whole of the distribution of the fifth cranial nerve of the right side.

Four days after the first dressing the patient went home. I have heard from the patient since, and he claims that he has never enjoyed better health and comfort except for slightly "numb feeling" on the right side of his face.

Some Suggestions as to the Therapy of Enteric Fever.

(By R. A. Whittaker, M D., Kinston, N. C.)

In a practice of twenty years a few facts have been firmly fixed in my mind in regard to this disease. The sooner some of these facts are realized by the whole profession the better both for patient and practitioner, especially so for the patient.

One of these truths—a very important one too—is, when one of these cases of typhoid fever come under our care, we know we have a disease that is going to run a certain course, lasting from three to five weeks and sometimes longer; the duration and severity of the attack depending largely on the virulence of the infection and the susceptibility of the patient to the specific poison. If this statement is true, then it is utterly useless and grossest folly to attempt to abort this disease. Yet we occasionally hear physicians say that they can jugulate this trouble; and often hear the laity relate how the doctor said: "I arrived just in the nick of time; had you waited a day later your child would certainly have had typhoid fever." Nauseous rot this. The only conclusion that can be drawn of a man uttering such stuff is that he is either badly furnished in the upper story or a charlatan and a liar.

When these cases come under the observation of the physician, usually the patient has been sick for some time and the bacillus Erbeth are widely diffused over the human economy—having already set in action morbid processes that only time can cure. Just as well attempt to down or change the course of the "Great Father of Waters" as attempt to abort typhoid fever. Those who live upon the banks of the Mississippi build dikes during the low water and when the floods come strengthen and watch these—prevent-

ing great disaster from flood and inundation. So with the prudent physician. He does not attempt to abort this disease, but to guide and direct it, to watch and ward off complications, to conserve patients' strength, keeping him in the most favorable condition to stem the flood tide of toxins that are sapping his very life.

Those of us who have given study and thought to the morbid anatomy of this trouble know that there is as much reason in saying we can take a pair of hot sizzling tongs and pinch a piece of flesh from the body and repair the damage in a day, or a week for that matter, as to say we can jugulate typhoid fever. These bacilli when they enter the system attack Peyer's patches and the solitary glands of the intestines, the glands ulcerate and often slough, resulting in hemorrhage and perforation, forming conditions that only time can remedy, and equally as grave, and in fact graver, on account of location, than when the flesh was destroyed by the hot tongs.

Enteric fever from its name would indicate a disease of the intestinal tubes alone, but the physician that regards it exclusively as a tubal disease makes a mistake. It differs from some of the infectious diseases in the fact that the whole economy is exposed to the specific bacillus and that the lesions can be found in any part of the body. We know diphtheria is a disease confined almost exclusively to the upper air passages, and by local treatment we can limit its toxæmia, but this is not true of typhoid fever, for sometimes, and I might say often, the intestinal tubes are free from any lesions whatever of the bacillus Erbeth and yet the patient is at death's door from the infection which is expending its energies on some other organ. Richardson, Blumer and Horton Smith claim that the feces of the typhoid fever patient are laden with the bacillus up to the third week, but from that time on they rapidly disappear from the stools of the patient till none are found therein, unless the patient has a relapse when they again make their appearance in the feces. The same authorities claim that at the beginning of the third week when the bacilli begin to disappear from the stools they are found in enormous quantities in the urine of some patients. They are found in the urine of some typhoid fever patients as late as three months, according to Herton Smith, when the patient is perfectly well and going everywhere.

This being true, proves conclusively that typhoid fever is not purely an intestinal disease, for we have the infection in body after all traces of the trouble in bowels has disappeared. Hare makes this point very plain in his book on the medical complications and sequelæ of typhoid fever. He says "the number of cases now on record in which typhoid fever has been present and caused death, and in which no intestinal lesions have been found, post mortem, are many." In other words, "While it is true that the intestinal glands are the usual and favorite seat of the morbid changes in this disease, it is certainly possible and, indeed, frequent for the infection to expend its energies on the lungs, the cerebral meningies or other parts." When these specific bacilli enter the system not only do they involve the intestines, but they attack every organ of the body. If this be true, and it is, for recent research establishes this fact, then the conclusion follows as surely as day follows night, the therapeutics that has for its purpose the aborting of this trouble is meddlesome, fallacious in theory and baneful in practice. Let the "natural processes take their course,"

"let the patient get well." Don't attend a patient to cure typhoid fever or to treat it by any given routine, but watch the patient, prevent complications, guide him through his trouble to a favorable termination.

In my opinion the liver plays a part in this disease that is little understood. The glands of the intestines being the earliest and chief places for morbid changes, the debris and waste caused by these processes are taken up by the mesenteric veins and carried thence through the portal system direct to the liver. When the bacilli reach this organ and the gall bladder they have a favorable medium in which to grow and multiply, and from this central position they are poured out in great numbers to all parts of the body. Especially is this the case if the liver be torpid or the gall sack distended for any length of time. I was informed by a resident physician of University Hospital of Maryland that a few years since in that institution a patient was operated on for gall stone. From the stone removed from this patient's gall bladder was made a pure culture of typhoid fever bacillus. At the time of the operation the patient had no typhoid fever nor had had for eight years. But eight years previous to the operation the patient had a severe attack of enteric fever. It would seem that for eight years these specific bacilli had lived and flourished in this man's gall bladder. Further, it would seem, this patient had become immune from the poison. Culture after culture forming and thrown off by the emunctories of this man, making him for eight years a living, walking menace to communities in which he may have resided.

In the treatment of infectious or contagious diseases, preventative treatment is the most important; especially is this true in enteric fever, a trouble that cannot exist in a perfect sanitary surrounding. It is not my purpose, however, to dwell on this phase of the subject, so will only mention a few of the most important measures for prevention. Among these are complete isolation of patients and thorough disinfection of excreta; careful inspection of drinking water, its source of supply and the means of its conveyance; an equally careful inspection of all foods; lastly, cleanliness in the strictest sense of the word—removal of all impurities in the way of garbage, excreta, etc., and prevention of saturation of the soil by sewerage.

There is but little doubt in a majority of cases typhoid fever is a water-born or water-conveyed disease. Then we have the strongest incentive to secure our drinking water from a pure source and have it conveyed to us in the cleanliest manner. To my mind there is no menace to human life so great as the shallow, open surface wells that are so often seen in the eastern section of our State.

In 1892 I knew a community in which the wells just referred to became contaminated and a source of infection, resulting in a hundred cases or more of enteric fever, many of which ended fatally. All these cases resulted from one point of infection. A young lady teaching school in an adjoining county contracted the disease; returning home, from the careless way they handled the excreta of this patient the well became contaminated, and afterwards the wells of the whole neighborhood.

In the general management of cases there are three things of great importance: Careful nursing, judicious nourishing and stimulation of patient, and exclusion of all visitors from sick room. In my country and village work I have more trouble and worry from the curious, meddlesome characters of

the neighborhood than any other source. They will somehow, by chance or agreement, congregate at the sick country homes and woe betide the patient for that day. The fatigue and worry he is subjected to by these dear sweet creatures(?) will retard his recovery for at least a week, if no greater damage be done. By all means exclude all visitors from sick room. In nourishing patients great care should be taken to never overtax the already weakened digestive apparatus. It is not the patient that takes daily the greatest quantity of food that is always the best nourished, but the one that digests and assimilates what he does take. All foods, however, simple and harmless they may be, that are not properly acted upon by the stomach (pancreatic fluid) when they enter the intestines undergo a state of fermentation and decay. Hence a fruitful source of many of the graver symptoms and complications of enteric fever: Undue flatus—persistent, troublesome diarrhœa—greatly augmenting the chances of hemorrhage and perforation and death. In nourishing these patients it is one of my chief aims never to have food of any kind passing through the tubes undigested. Better barely enough nourishment than having milk curds or other undigested substances passing through the diseased tract.

The stimulation of these cases should be as judicious and discrete as the nourishing. In this connection I wish to enter an earnest protest against the indiscriminate use of alcohol in enteric fever. Delirium is usually the result of high temperature, toxæmia and profound asthenia. Severe and persistent delirium is not likely to occur in cases that are seen early and that have been properly managed. When these conditions do arise, however, some of these cases show improvement from a judicious use of alcohol, yet care should be exercised in its administration, else we will have the condition we are combatting augmented by alcoholic delirium. Again, alcohol in the smallest quantity has a tendency to weaken the digestion. A constant and continued use of it in these fevers has a bad effect on the stomach. Its functions are very much interfered with and digestion weakened and retarded at a time when it is so necessary for the stomach to be doing its full duty. For these reasons, except in well-selected cases, I have excluded alcohol from the treatment of enteric fever. As a stimulant strychnia has proven much more satisfactory in my cases. I use it in the form of fluid extract nux vomica. It aids the stomach in its work and is a fine tonic for the whole intestinal tract. As a stimulant it is superior to alcohol, and especially so in those profound cases of asthenia. Nothing will keep the heart going so well and so long and tide the patient over those dangerous conditions. It is astonishing how much of this drug can be given to these cases without any bad results. As I have previously stated, by proper management, many of these cases need no stimulants at all.

In those cases when the mouth is very dry and red; the tongue brown, cracked and bleeding, and a tendency to diarrhœa and distension of bowels, the mouth should be kept thoroughly cleaned with some good mouth wash, and turpentine freely given. In those cases if Fluid Extract of Hydrastis is given in 20 or 30 drop doses every four hours, there is generally rapid and marked improvement. It has given me more satisfaction in relieving these troublesome conditions than any other drug. In some of these cases opium may be required for immediate effects in quieting peristalsis of bowels till the

hydrastis can get in its work; in a large majority of these cases no other drug but the hydrastis is needed.

We come now to the question: What shall we do in treating the fever itself? It is my practice to let the fever alone when it does not go much above a hundred and three Fahrenheit; yet the fact still remains there are but few cases of this trouble but what at some stage of the disease needs some antipyretic measures. A state of hyperpyrexia when found and in whatever disease it may be located needs immediate attention.

Then the question arises: What is the best method of relieving this excessive temperature with least injury to patient. There are but two ways of doing this: By antipyretic drugs or by application of cold directly to patient. It is my belief that antipyretic drugs whenever used in these fevers are deleterious. They do harm in themselves, mask the progress of the sickness, and reduce the vital resistance of the patient to the toxins of the disease. It has been my experience that whenever a dose of antipyretic has been given in enteric fever, so soon as the effects of the drug is gone, and reaction has fully set in, the fever invariably goes higher than before the drug had been administered. They increase the fatal tendency of this disease. Not so with application of cold direct to surface of the patient. With the cold sponge bath we reduce the excessive fever without blocking and damming up the toxins in the human economy, thereby giving the already overtaxed emunctories more work than they can do in eliminating these poisons.

As I have just said, the cold bath does not decrease the vital resistance of the patient, as these coal tar products do, but increases patient's power of resisting the infection by stimulating glandular and all other activities of the body; in this way accomplishing as much or more good than in reducing temperature. The effect of these sponge baths on the nervous system are most beneficial. Often after giving them the patient will drop into a quiet refreshing sleep, and rest for hours, awaking therefrom greatly refreshed and invigorated.

The remedial treatment of typhoid fever is eliminative—meeting every complication as it may arise and directing each case as best we may to a favorable ending. When fully satisfied, I have an enteric fever to deal with, I never hesitate to give the mild chloride of mercury in sufficient doses to get several good bilious stools from patient; and, from then on, each day, from a half to four or five grains of the drug is given as occasion may require till convalescence is well established. The drug is usually administered in 8th or 10th gr. doses four or five times a day. In the first and second week of the disease this is usually enough to keep the bowels moving from one to two times a day and control diarrhœa. In the third and fourth week of the trouble it requires more and when bowels do not respond to drug as administered above, at night from a half to two grains is given as may be required. My object is to have bowels evacuated at least once or twice a day; and never allow the liver to become sluggish or bile to accumulate in gall bladder. Those of us who have had much experience in the treatment of this tedious and dangerous disease have seen patients in the third or fourth weeks of the trouble, apparently on a road to recovery—convalescing nicely—relapse—and their second state was worse than the first. We wisely say a reinfection—a re-invasion—and this is true, for the bacillus again appear in the feaces of the patient. But the question arises: From

whence came this re-invasion? From what source do these bacilli—this poison—enter the intestines in sufficient quantities to set up a new involvement? We have patient isolated, in perfect sanitary surroundings, pure food and pure water is administered to him each day; and more, he is in the hands of a trained nurse and has the best medical attention. Then whence this new invasion? My experience has invariably taught me that these relapses occur after the bowels have been sluggish or inactive from forty-eight to sixty hours or more and they are ushered in by two or three bilious stools. During this period cultures of bacilli have been made in liver and gall bladder—the gall bladder distended with the poisoned gall—when suddenly emptying its accumulated contents into intestines, from more food or solid food being taken into stomach, the poison is in sufficient quantity to cause a new involvement. This will explain nearly every relapse of this disease. Keep the emunctories active. Don't allow the bowels to become constipated or the liver torpid. In the administration of this drug there is a near approach to routine than any other in the treatment of typhoid fever. Yet the physician should exercise prudence and care in its administration.

Every case of enteric fever is a law unto itself. No two cases can be treated exactly alike. The physician must study carefully each patient and find the weak points in his physical make-up and guard these weak points. Never become impatient and attempt to force this disease, but let nature take its course, assisting in every way me may.

SELECTED PAPERS.

The Prophylaxis of Syphilis and its Sequalae.*

(By William House, M. D., Portland, Ore.)

Before one can rightfully appreciate the difficulties attendant upon the prevention of syphilis, it is necessary to fully understand its wide-spread prevalence and the numerous modes of contagion. The number of cases in a given community can never be accurately ascertained, because of the nature of the disease, the desire to conceal it, and the small percentage of fatal cases. Syphilis is not by any means a venereal disease pure and simple, either in its causation, manifestations, or results. Its lesions are not confined to any one set of organs, and the cure of strictly venereal lesion which its its most common mode of origin does not mean the cure of the disease. It is one of the best examples of a strictly contagious disease, arising either from direct contact or, rarely, through fomites.

Non-venereal syphilis is more prevalent than is commonly supposed and measures of prevention must not stop at attempts directed against the disease as related to venery. In the majority of cases, however, syphilis is the result of immoral, illegal, and unnecessary relations. From these cases all syphilis, directly or indirectly, arises, and could this source of contagion be stamped out for a generation, syphilis would practically disappear from the earth.

Probably the next most frequent source is to be found in kissing, through innoculation from mucous patches, which equal or excel the chancre in contagiousness. Herein the innocent suffer with the guilty, for osculation is even more widely practiced than the evil before referred to, and having no stigma

*Read Before the Washington State Medical Association, Seattle, Wash., July 12-14. 1905.

of shame attached, is more indiscriminate.

Inherited syphilis may justly follow. Again the relative frequency is unknown for the protean manifestations often render diagnosis obscure, especially in the retarded forms. To inherited syphilis the name "syphilis insontium" may be most justly attached in every instance. The various means of hereditary transmission need no discussion here; suffice it that one or both parents must have syphilis in an active, or rather, comparatively recent, form.

A few instances of inoculation which have come under personal observation may be mentioned as illustrative of some of the more common means of communication. Within one year, a friend who is a well known syphilologist, had under care seven physicians who had chancres upon their fingers, contracted during examinations. All of these unfortunates, thoroughly familiar as they were with the possibilities of inoculation, had neglected the simple expedient of wearing gloves when examining suspicious cases. This prophylactic measure is so simple that any physician contracting syphilis in this manner at the present time may be adjudged guilty of criminal negligence.

In another series of cases three brothers were infected at intervals of about two years. The first acquired the disease "legitimately," that is, he exposed himself "unwisely but too well." The second brother, a hospital attendant, had a chancre upon his finger, from whence he never knew. The third had an iritis when first seen, but insisted that he had never had a chancre, though claiming no immunity through innocence. He had had a sore upon his neck, however, which healed only after weeks and which he said had been given him by a girl who had playfully bitten him while he was engaged in the delectable occupation of kissing her.

Another series of four cases was reported by a city district physician, in children, residing in the same neighborhood and all appearing about the same time. He was temporarily unable to trace the source of contagion, but finally learned that the children were in the habit of buying candy from an Italian street peddler, and upon visiting his stand and securing an examination, the proprietor was found suffering from a pustular eruption, with mucous patches, and all the other insignia of active disease. Either from the candy or directly from the polluted hands of the vender, the contagion was ascribed. In all of these cases the diagnosis was confirmed at the dispensary.

Another case in a physician was of a particularly distressing nature. The victim had a large sloughing greyish mass in his left tonsil, which was repeatedly cauterized but refused to heal. Secondary symptoms finally appeared, and syphilis was diagnosed. The possibility of exposure was positively denied, and believing the diagnosis erroneous, the patient refused treatment. A year later the deluded man presented a well marked "corona veneris," together with a characteristic cachexia and was still going about untreated, exposing his friends and table mates to infection, because of his belief that the original lesion in the tonsil could not have been a chancre. These two latter cases suggest the possibility of transmission of syphilis in the trades and commerce—the first through the candy vender, the second perhaps from some drinking vessel.

It is a source of surprise that more cases do not arise from food factories and from eating uncooked berries which too frequently are picked by filthy and diseased persons. It is probable, as an explanation of the apparent immunity

from such sources, that the contagion has to be in a fresh state to be inoculated. Again the fact that contagion is not more commonly observed from public and semi-public utilities, e. g., drinking vessels, argues that the virus must be easily destroyed, for it is certain that the hundreds of syphilitics in the streets and saloons of our cities are constantly infecting glasses, cups and table utensils, and the infected materials receive no other attention than a mere rinsing in water and a hurried drying with an often dirty towel, not uncommonly wielded by an individual whose body is foul with the lesions of syphilis.

Lastly, excluding all further references to water closets, lavatories, towels, etc., two possible sources of contagion have been impressed upon me. The first is the barber shop, and it is not to be doubted that many cases have arisen there. The other source is the public Turkish bath.

With these references to the more common sources of syphilitic contagion, it is proper to present deductions as to the means of protection. It is important to bear in mind that:

First—Syphilis is invairably due to contagion (always excepting certain questionable hereditary forms).

Second—Contagiousness is a feature of the active period of the disease only.

Third—This period, according to Fournier, is usuallly less than four years —in some instances, six or seven years.

Fourth—Treatment shortens the period of contagiousness, heals the sores that spread it, and is curative in eighty to ninety per cent. of all cases in which it is properly given. (Morrow.)

The methods of prevention that may be considered are:

First—State and legislative measures directed against the sources of disease.

(a.) Prostitution.

(b.) Indifference and criminal negligence of syphilitics, who fail to exercise proper precautions against communicating the disease.

(c.) Marriage of syphilitics during the active stage.

(d.) Employment of syphilitics in occupations endangering public welfare.

Second—Educational measures.

(a.) Instruction in schools and colleges as to the nature and danger of venereal diseases, including teaching of morals.

(b.) Instruction of syphilitic patients in the protection of others.

Third—Prophylaxis by treatment.

One might as well ask the sun to cease shining, the earth to cease revolving, or the moon to take a new orbit, as to try to prohibit prostitution by legal enactment. It is the concensus of police opinion, that there is but one way to deal with the social evil, and that is by legalizing and restricting it. The theologians, with a single voice, proclaim that the recognition of prostitution by any other enactment than absolute prohibition, is subversive of good morals ,and religiously, ethically and socially wrong. Between these two extremists, the medical profession, better equipped to judge than either, and infinitely more appreciative of the disasters of unconsidered interference, is nicely balanced. Public sentiment, guided often by sensational and nauseating pulpit oratory, unquestionably favors the clerical point of view, and regulation of prostitution is therefore vigorously opposed. Arguing from this observation, and from due consideration of the results of the American policy of non-regulation, it appears that efforts might better be directed against the dissemination of vice and its being flaunted in our public streets. With the large number of assignation houses and questionable hotels in our local cities,

this dissemination appears greater than is necessary. The ease and convenience with which suitable rooms can be procured makes the professional independent of restraint and she refuses to enter houses governed by any rules. Secondly, she declines medical examinations on the ground of needless expense, and competition amongst the keepers of bawdy houses is such that they dare not insist upon any care being taken to prevent disease. Could vice be limited to one section of the town and kept within houses liable to police inspection only when reported as unclean or disorderly, it is more than probable that the very element of competition which now is directed against attempts at prophylaxis, would become the best weapon of defense. Thus a modified form of regulation, i. e., segregation within certain districts and houses having no distinguishing mark (e. g., the red light) and subject to police visitation and closure upon adverse report as to cleanliness and order, together with enforced closure of houses of assignation, would diminish disease, for vice would then, to a certain extent, cease to seek its victims, but would instead have to be sought by them.

The second provision under state measures should aim at the detention of known syphilitics during the period of active inoculability. Were attempts made to place syphilis upon the list of notifiable diseases, it is not improbable that its victims would further conceal their affliction, refuse to consult a physician, and suffer prolongation of the period of contagiousness together with lessened prospects of recovery. On the other hand, such an ordinance would compel prostitutes, male and female, to exercise more precautions, particularly if transmission of syphilis was penalized.

Marriage of syphilitics is the cause of by far the largest number of cases of syphilis insontium. In a great majority of the cases the wife becomes infected from her husband. Secondly, the disease is transmitted to the offspring, presenting a sort of pathologic law of entail, for the first born receives to the full the inheritance, which diminshes in severity in the later pregnancies, with the leavening influences of time. The great pity of it lies in the fact that hereditary syphilis is so unnecessary, for by delay of but a few years in marrying, especially under treatment, the danger practically disappears. Upon the statute books of every State there should be a law prohibiting the marriage of syphilitics until at least two years after the disappearance of all manifestations, and penalizing its perpetration by a heavy fine. Inoperative though such a law might at times prove, it would serve its purposes in certain cases —particularly if syphilitics were, as a routine practice, informed of its existence by their medical advisers. It would also prove of value from an educational standpoint.

Inspection of food factories by competent medical examiners is a measure which will inevitably follow the universal employment of medical school inspectors. Their duties will be to prevent the employment of victims of communicable disease and it must not be thought that syphilis can be overlooked. The educational effect of such a measure cannot be overestimated, for it would stimulate employers to exercise the utmost care in the selection of their assistants. If any be inclined to doubt this assertion, let him consider the influence of the barber's law in the establishment of the numerous "antiseptic barber shops" where, if they have not attained the perfect technic of the surgeon's operating room, they have at least elevated the standard of cleanli-

ness, and with proper instructions, would do yet more to maintain an ideal standard.

For purposes of convenience, education has been given second place amongst the forces directed against syphilis. In importance it ranks first and must always rank first, and the only question that can arise concerning it is as to the best process to be pursued and as to what methods will be included under the head of education.

Admitting the difficulties attendant upon the enforcement of laws directed against syphilis, and with a full realization of their inadequacy, it will not be denied that their presence amongst the statutes of any community cannot fail to be of educational value, and it instantly becomes apparent that under the head of prophylaxis by education, all of the preceding legislative measures must be included, together with regular instruction of adolescents in the physiology of the organs which are concerned in the primal function of animal life. This could be attained by the division of classes according to sex, and by the employment of medical teachers who should have no other association with the school work, taking part only during the time allotted for this instruction. The chief contention against this plan is that it is not modest and would start growing youth to thinking which are not good for them to know. But every man knows that every boy is acquainted with the chief functions of sexual life, made so roughly and brutally by associations with older boys, through the medium of erroneous description and lascivious stories. Cleanly, decent and modest teaching should replace this and should include reference to the function of reproduction, together with brief mention of the dangers of illicit relations.

For the last item there has been purposely reserved the one great force always within the jurisdiction of the physician, the one power requiring no protection of State, or morality or of pedagogic aid—the prophylaxis of syphilis by treatment. I believe that if every syphilitic could come under care immediately upon the appearance of the chancre, could be kept under rigid observation and forced to undergo not only proper medication but proper methods of living, every case would become practicallly freed from the danger of conveying the disease (except by hereditary transmission) within three months. The exceptions would prove so infrequent that they would but accentuate the rule. To be effective as a prophylactic measure treatment must begin early, and it is essential that some method of diagnosis be established that will do away with the need of waiting for the secondaries before beginning medication. Vigorous curative measures must be pursued and maintained for a period of at least two years after the last symptom of syphilis has disappeared. No other limit can be set, neither two years, three years nor four years of treatment is suitable, but two years as a minimum after the disappearance of the last symptom will insure prospects of complete recovery in eighty-five per cent. of all cases and of complete destruction of transmissible elements in the remaining fifteen per cent. There is no parallel in the whole category of disease, wherein one can achieve so much by proper diagnostic and therapeutic ability, and wherein so much good can be done, not only as a curative but as a prophylactic measure, as in the treatment of early syphilis.—*Northwest Medicine.*

In point of attendance Chicago has the largest medical school in the country.

ABSTRACTS.

Conveyance of Syphilis By Medical Men.

MONTGOMERY limits his paper before California State Medical Society (*Cal. State Jour. of Med.*, July, '05) to the unfortunate cases of syphilis conveyed by medical men, and by medical men is meant all in attendance on the sick. He gives instances with detailed circumstances of infection in many ways.

By dentists in fitting false teeth and wounds on the tongue.

Skin grafting offers a large field for the evil without great care.

Genito-urinary surgeons often infect themselves and others in the large number of cases handled and the instruments used.

Nitrate of silver in a holder is not very dangerous, but is so much so that a small piece should be broken off and held with forceps when necessary to use it.

Tongue depressors and vaginal specula are generally cleaned but not always. Cheap wooden depressors that can be discarded are advised.

The hypodermic syringe may be contaminated oftener than we know, because the inoculation is deep in the tissues and no chancre arises.

The eustachian catheter is a very prolific cause of infection.

Nurses and attendants may have syphilis and transmit it in various ways.

The electrical brush, and especially is the hair brush of the barber-shop that is never washed or disinfected, dangerous.

Midwives, ignorant of the dangers or indifferent to the results, often cause epidemics of syphilis in neighborhoods. One woman was known to have been the cause of over 100 infections, either directly or indirectly.

Open Air Treatment of Burns.

SNEVE, in an article, "The Treatment of Burns and Skingrafting" (*Jour. A. M. A.*, July 1, '05), advocates the treatment of burns of the first and second degree by exposure to the open air. The degrees of burns are divided into four classes: (a) hyperæmia; (b) destruction of epidermis and vesication; (c) destruction of derma; (d) destruction of deeper tissues. The dangers from extensive burns are shock, toxemia, due to absorption of poisons from the injured surfaces, loss of function of the absent skin covering, and exhaustion.

Shock is vaso-motor paralysis, resulting in lowered blood pressure and accumulation of blood in the splanchnic veins. To treat, combat the fundamental principle. Adrenalin is the only available remedy for this and it must be used cautiously. Avoid the use of whiskey, morphine, strychnia, atropia, digitallis, etc. Give drinks and enemas of warm saline solutions, chafe hands and feet and apply local warmth to extremities. Keep patient in a well warmed room. Use saline transfusion or hypodermyclosis.

Toxemia is produced by the re-absorption of septic material, when the surfaces are covered it is as if there was a wet poultice over it. The heat has destroyed septic matters of the skin and it is safe for the first day. Perspiration, suppuration and the oily dressings held in contact with the raw surfaces are ideal factors favoring the re-absorption of septic material and consequent toxemia. To prevent this, keep the surfaces exposed to the air cleanse the secreting surfaces by the frequent sponging and drying, and aid nature by using dusting powders, of which sterate of zinc is the best. Eighty-five

cases have been treated under the author's direction by this plan with much more favorable results than were obtained under the old plans, and the summary is given of his observations:

"First, treat the shock as indicated above.

"Second, control the pain as necessary and keep everything from contact with the burned areas.

"Third, keep the patient surgically clean. Ordinary surgical principles govern here as alsewhere; bichlorid of mercury, carbolic acid and other strong antiseptics are to be avoided when possible because they are such powerful cell poisons that toxic effects both general and local are to be feared; the delicate coverings of granulations will not stand escharotic action without interfering with the production of smooth, flexible scars.

"Fourth, give frequent cold sponge baths to the sound skin with frictions, and keep room temperature high.

"Fifth, cut away all blisters, cleanse with normal salt solution, dry thoroughly, and dust all second degree burns with stearate of zinc, carefully wiping away serous exudate until dry, brown, adherent crusts are formed.

"Sixth, leave third degree burns exposed without powder and keep surface clean until granulations are ready for skin grafting.

"Seventh, to maintain and to preserve function, body and limbs should be exercised as much as possible; the eschars of burns to fourth degree should be removed when nature so indicates and amputation should be performed when needed."

Circumcision.

VAUGHN treats of the objections in performing this operation, as generally practiced, and gives (*Jour. A. M. A.*, June 24, 1905) his method as follows:

"Attach three hemostats to the margin of the prepuce—one at the frenum and the other two on the sides at equal distances from each other, and make traction in order to put the inner layer on the stretch—the skin is stretched slightly, if at all. While an assistant holds the part, in this position, cut off squarely with scissors or knife that portion of the prepuce which projects beyond the glans, being careful—especially in infants—not to cut the glans. The skin is then retracted and a hood comprised of the inner layer of the prepuce is seen covering the glans about two-thirds of its length. This hood is slit up on the dorsum, with scissors, back to the cervix glandis, and the corners and sides are trimmed off, leaving from one-eighth to one-quarter inch—enough to sew to the skin. This is done with a fine catgut continuous suture, securing with the suture any bleeding vessels. The blood is then wiped off, the foreskin pulled forward so that it covers the glans for from one-half to two-thirds of its length, and the patient is put to bed. No dressing is necessary.

"The advantages of this operation are:

"1. The line of union is beneath the prepuce and is well protected from infection; union usually results without suppuration in from seven to ten days.

"2. No dressing is necessary.

"3. There is little or no danger of adhesion of the prepuce to the glans after this operation, as a fresh portion of skin is folded in on itself in place of the old, perhaps inflamed and ulcerated portion.

"4. There is no danger of contraction of the preputial orifice.

"5. The glans is left partially covered as it should be, and plenty of skin is left for adjustment to the varying conditions of the organ.

"6. The cosmetic effect, while it may not be considered important, is all that the most fastidious could desire."

Urethritis Venera Chronica.

Dr. Gyser objects to the term Gonorrhea as misleading and insists that Urethritis Venera is more oppropriate. His treatment for the chronic stage (*Med. World,* July, 1905) is in the use of H^2O^3, by injecting with a urethral syringe till the fluid came away without frothing. Strictures are treated by electricity, an electrode one size larger than will pass the stricture being passed down to it, and attached to a negative pole of galvanic battery, with a sponge electrode over the abdomen, attached to the positive pole. Mild currents are used, gradually increased up to 3 or 4 milliamperes, when the electrode will pass the stricture of its own weight. Afterwards the urethra is flushed out with the hydrogen peroxide, and lastly with a saturated solution of iodine in glycerine. Glycerine and peroxide of hydrogen in equal parts is given the patient to inject after each urination. Salol is given internally. The strength of the H^2O^3 ordinarily used is a 15% solution. The office treatment is given every 2 to 4 days, and a cure is effected in from three days, the shortest time in his cases, to four weeks, the longest. The best quality of hydrogen peroxide is used.

Maston, in the same issue of the *Medical World,* details his plan of entering the bladder through small strictures. The plan is essentiallly the same as above except that he uses the copper intra-uterine electrodes and the current is increased to 15 millimetres. The treatment is repeated in 5 gr. doses every 3 hours for 24 hours afterwards. Buchu, benzoic acid, corn silk and hydrangia are given if there is cystitis.

Some Principles.

R. H. G. Osborne, in an address before his county medical society (*Pa Med. Jour.,* June, '05), says principles are the great fundamental convictions on which men base their actions and to which they refer for guidance in the conduct of their daily lives. Physicians need these as much or more than any other class of men. Some of these principles are given below. They are duly elaborated by the author:

(a.) A clear conviction of the dignity and sacredness of the medical calling.

(b.) A conviction of the solidarity of the profession.

(c.) A conviction of the duty of doing nothing to bring reproach upon the lofty calling.

(d.) A conviction of the duty of membership in the county society and national association.

(e.) A conviction of the duty of study.

(f.) A conviction of the duty of enthusiasm.

Gonorrhœal Conjunctivitis.

Holtz gives the percentage of blindness resulting from gonorrhœa at thirty,—larger than from any other factor except atrophy of optic nerve (*Medicine,* June, 1905). Nitrate of silver is the ideal remedy, but is a two-edged sword, and except in the hands of an expert does more harm than good. Protargol is almost as efficient and is not dangerous to the cornea. His plan of using is to arm a toothpick applicator with cotton, the end well protected to prevent injury, and dipping it in a 20% solution protargol, lift the upper lid from the eyeball and slip the application under the lid—up to the retrotaral fold and pass it over this fold from the outer to the inner canthus

several times, rubbing the protargol over the conjunction. Another application is used to treat the lower fornix and palperbral conjunctiva the same way. This is done twice daily until improvement is shown, then once a day. The parts are kept wiped off to prevent incrustations in the intervals.

Rheumatism in Childhood.

Hastings thinks rheumatism in children is often overlooked (*N. W. Medicine,* June, 1905). We look for the well developed symptoms of adult life, while children present a different array of symptoms, and great care is necessary lest we have cardiac complications before the trouble is recognized. Well marked cases are rare before the fifth year. Given an hereditary disposition, attacks of tonsilitis, growing pains, easily fatigued, anemia, functional disorders, as sleeplessness, irritability, erythemia, and you have a case of rheumatism. Examine the heart in recurrent cases of tonsilitis with slow recovery; growing pains and tonsilitis are always suspicious. Most cases of chorea are of rheumatic origin. Erythema, night terrors, sleeplessness, migrane and gastragia are offshoots of rheumatic diathesis. Acute cases should be treated with salycilates, salicin and salol. Sub-acute cases with iron and cod liver oil. With choreic manifestations, fl. ex. cimicifuga and salycilates is to be used. Much importance is attached to hygienic treatment and rest in acute attacks to prevent heart complications.

Appendicitis in Trained Nurses.

Hall notes the prevalence of appendicitis in trained nurses and those in training. In a paper on the question (*Jour. A. M. A.,* July 1, 1905) he states he has collected the statistics in two Denver hospitals for the past ten years, and finds in that time there has been eighteen cases of appendicitis among the nurses out of 296 in service during the period. All recovered. The cause given for this state are: they are more on their feet than usual, constipation, which is prevalent among pupils, monotonous diet, stooping posture with much of their work, traumatism. And probably the one having the most bearing is the early recognition and prompt operation following. A moral is drawn from this last cause—insist upon an early diagnosis and prompt surgical interference.

Extract Suprarenal Gland in Shock.

Craig gives detailed histories (*Pa. Med. Jour.,* May, 1905) of two cases of shock from traumatism treated with the extract of suprarenal gland in normal solution. One dram of the extract of solution of 1-1,000 was given in a pint of normal salt solution by intravenous injection in one case and repeated in a short while with immediate beneficial results, all the distressing symptoms being ameliorated. In the other case the injection of same strength was made in the walls of the abdomen acting favorably as in the first case.

Let the Lungs Alone in Consumption

(Med. Record.)

Hutchinson states that we have learned by bitter experience that we must practically ignore the bacillus in our treatment of the consumptive, and he asks the question if we are not coming to the same point of view with regard to the lungs. The first of the various reasons for letting the lungs alone in the treatment of consumption is the fact that consumption is not a local disease of the lungs, but merely a local expression of a disease which involves the entire system. That we are daily

confronted by the paradox of a consumptive patient whose pulmonary lesions are at a stand-still or even progressing, for weeks after his appetite, weight and general strength show marked improvement, ending ultimately in recovery; cure the body and it will cure the lungs. The second reason why it is well to let the lungs alone in consumption is that they are practically beyond the reach of any remedy we possess. Germicides intended to kill or even seriously discourage the bacillus *in situ,* are out of the question. Sprays, inhalations and vapors do little or no good. Opium, the only cough sedative, produces almost invariably an injurious effect in tuberculosis. Thirdly, he is opposed to pulmonary gymnastics since nature's cure in this condition is that of surrounding the zone of attack with a fibrous barrier, in which the organisms are imbedded. Forced expansion of the lungs interferes with this process. He states that the only two remedies which have been alone found of the slightest dependability and permanent effect in the treatment of tuberculosis are rest and over-feeding.

Aerophagia and Flatulence.

(Med. Record.)

Spivak reaches the following conclusions in regard to the swallowing of air:

"1. Swallowing of air in small quantities is a normal phenomenon.

"2. Abnormal swallowing of air may be voluntary (hysteria), and involuntary (dyspepsia, idiopathic).

"3. Air may enter the stomach by swallowing, aspiration or pulping.

"4. Cases of aerophagia are not as rare as the earlier writers used to think.

"5. Aerophagia, although at the beginning makes "much ado about nothing," and is, as a rule, a sequel to some other affection, yet when it is let alone it may, in its turn, produce grave symptoms and undermine the health.

"6. Aerophagia, tympanites, nervous eructation, pneumatosis, and merycism have an etiological relationship.

"7. The best treatment in voluntary aerophagia is to impress the patient with the fact that he can stop it if he will. For otherwise "they have sown the wind, and they shall reap the whirlwind."

The Pathogenesis and Treatment of Gout.

(Jour. A. M. A.)

Schmoll states that we know that gout is characterized by the presence of uric acid in the serum and that the gouty attacks are caused by the precipitation of this acid into the joints. That the nitrogenous bodies which are oxidized in metabolism belong to three categories: albumin, paranuclein, nuclein. Only the nucleins are able to form uric acid. Nucleins break up into albumins and nucleic acid. The nucleic acid forms thymic acid and purin bases which in turn form uric acid. He contends that gout is due neither to an increased production of uric acid nor to the retention of uric acid. He states that under normal conditions the uric acid that is found combines with thymic acid and forms a product that cannot be detected by any of our reagents and cannot be precipitated before it is broken up by the kidneys. He states that uric acid may be formed not only by oxidation, but also from synthesis. That this synthesized uric acid has not at its disposal the thymic acid necessary for its solution. It is for this reason that we can detect uric acid in the serum during a gouty attack, which follows an increased formation of the synthetic uric acid. The

cause of the increased formation is not understood. He has treated about 30 cases of gout by giving 3½ to 4 grains of thymic acid 3 or 4 times a day with the most favorable results.

The Causes of Femoral Phlebitis.

(Brooklyn Med. Jour.)

Goodrich states that thrombosis of the veins without inflammation may occur without bacterial complicity. Phlebitis, or thrombo-phlebitis, he considers that all cases are caused, at least in part, by bacteria. He mentions twelve general causes (other than microbic) which may be factors in causing phlebitis, such as slowing of the blood-current from low fevers, cachectic conditions, etc., flexion of joints, varicose veins.

The specific causes are divided into medical and surgical with obstetric cases included under the latter. Among the more common medical causes are typhoid fever, pneumonia, epidemic influenza, acute articular rheumatism, tuberculosis. Among the surgical causes may be mentioned varicose veins, infected wounds and abscesses, pyaemia, puerperal cases. Among the contributing causes of puerperal phlebitis may be mentioned post-partum hemorrhage, accidental hemorrhage, placenta previa, useless douches soon after delivery, incomplete contractions of uterus, intra-uterine manipulation, retention of fragments of placenta or membraines.

Post-operative femoral phlebitis is probably the most puzzling form of phlebitis and a great many theories have been advanced to explain its causation on grounds other than infection. It is often associated with so-called "clean cases" of abdominal section, following operations for appendicitis and the uterus and appendages more often than any other operation. In the absence of a satisfactory theory as to its non-infectious etiology, he considers that it must be due to infection probably beginning in the epigastric veins.

The Treatment of Gonorrheal Arthritis by Hyperemia.

(Jour. A. M. A.)

Von Tiling states that all physicians who have treated gonorrheal arthritis know how unsatisfactorily the usual treatment—rest, massage, passive movements, salicylates, etc.—often proves in chronic cases. For these cases he uses Bier's method of congestive hyperemia by damming. For damming, Bier uses a thin, pliant rubber bandage, the same that is used to make a limb bloodless for an operation. It should be put on with such a degree of tightness as to partially interfere with the venous return, but not with the arterial flow. In this case the limb will become larger, oedematous, will be warmer, the skin will have a red hue, slightly tinged with blue. The pain will soon cease. If the limb is very painful, blue and cold the bandage is too tight.

In the beginning of treatment it is best to let the bandage remain only a few hours; but soon the time must be lengthened until it remains for ten hours during the day and an equal time at night. A few pieces of gauze may be placed beneath the rubber dam, the place for applying the dam may be changed and the rest of the limb may be tightly bandaged up to the involved joint. He states that the results of this method of treatment are far superior to all other methods of treatment.

The naval surgeon on duty at Guam has been formally proclaimed health officer in charge of the department of health and charities, and to have general supervision of the public health and sanitary interests of Guam.

The Five Obstetric Examinations.

(Brooklyn Med. Jour.)

DICKINSON states that the examinations that should be matters of routine during pregnancy, labor and the post-partum state belong to five periods. 1st, in the second month. The object is to make sure of pregnancy and to determine that no cause exists that might terminate the pregnancy, such as retroversion, marked anteflexion, tumors, adhesions, cysts of the cervix or tubal gestation. Many miscarriages may be saved by this examination, many accidents arrested and some lives saved. 2d, in the eighth month. This examination has become a routine and presents no exception. 3rd, during labor and at its conclusion. He urges especial cleanliness during labor, clipping of labial hair, cleansing the anus and adjacent parts. At the close of labor he examines for tears of the perineum and cervix and his rule is the worse the tear the later the repair. 4th and 5th, two weeks and two months after delivery he examines for retro-displacements.

Illy Prepared Physicians and Medical Fees.

The Medical World for July gives extracts and some editorial comments on an address of Dr. McCormack, official organizer of the American Medical Association, before the physicians of Philadelphia and vicinity. One of the principal points made was that the bickerings and jealousies of medical men destroyed the influence of the profession as a whole. Another and a vital one is that in many sections physicians do not get paid for their services, hence cannot prepare and inform themselves for practice. We believe this point is well made, and if doctors were better paid for their services, they could and would do better work. Few of us but have seen the time, probably repeated many times over, that the need of a new book, an instrument or appliance of some kind, or a few weeks of post-graduate work was urgently felt. Yet the compensation received would not justify the outlay to secure it. Prompt and liberal payment for services will enable the physician to be the better prepared for his work and the public will be the gainer thereby.

Worry Habit.

Medicine, for June, has an editorial on this question that is of more than passing interest. After some remarks on habits in general the proneness of some people to worry over what "might happen" instead of enjoying what is happening to-day, it taken up. Worry is a concomitant of civilization, a process of evolution towards an unwarranted attitude of solicitude and anxiety. People worry over different things, from the smallest details of life to what the world will do for gold when the present supply is exhausted in fillings for teeth and buried with the dead.

The principle point made is that worry is productive of neurasthenia. Overwork without worry does not produce neurasthenia. Worry grows as the tone of the nervous system is exhausted. Fear and weakness go together.

The remedy is educating the will-power to throw off the habit. The danger of the "rest cure" is that it does not give psychic rest. Mental work that will engage the patient's thoughts and activities and leave no room for unhealthy thinking is essential.

All of which confirms our opinion that the giving of advice is often more essential than the writing of prescriptions.

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EDITORIAL.

The Social Evil.

The recent episode in the capital city of our State, wherein a policeman of the city shot a United States Deputy Marshal, accentuates the far-reaching results of the social evil as but few circumstances could. The prominence of all the parties concerned, the summary vengeance of the outraged father and the degree of publicity given the matter in the press of the State, much of it sensational in character, have co-operated in making the circumstance notable and incidentally calling attention to an evil the magnitude of which has never been realized.

Briefly stated, two lawyers, both from prominent families, both moving in best social circles, both high in the councils of their political party, one beyond the meridian of life and with the cares of a family, the other in the flush of young manhood, were seen to take two young girls 17 and 19 years of age, previously of good character, daughters of respectable parents, one a member of the police force of the city of Raleigh and the other doing a small business therein, to a house of assignation. Later the girls went to the house alone and these facts were reported to their parents. Both men were out of the city at the time. One was shot and thought to be wounded to death by the police officer within a few hours of his return. The other, the older man, being informed of the situation and that there was a civil warrant to be served against him with a claim for damages, and that his life was threatened, did not return, and is now a fugitive in another State.

At this writing, two weeks after the shooting, the excitement has abated and a summary of the situation can be made. Two girls, just budding into womanhood, endowed with intellect, grace and beauty are outcasts of society, their lives wrecked, hopes blasted, and by the written laws and edicts of their sisters condemned to a life of shame or one of seclusion; a father, because he was jealous of his daughter's honor and incensed against her betrayer, attempts to defend and avenge her, and languishes in jail; a young man with bright prospects before him in

social and political fields, after hanging between death and life for several days, is recovering, and will take his wonted place in society and the counsels of his political party; another, with a wife and children, with influence and personal wealth, is a fugitive from the officers of the law, his life threatened, and a $20,000 damage suit against him; a city has been villified as a pest hole of degradation, its officers accused of laches and corruption; the public press in a state of ferment over the atrocity of the crimes; a number of lewd women scattered to adjoining towns or country districts to ply their trade and scatter disease—all for the gratification of man's lusts and evil passions.

How much permanent good has been accomplished in suppressing the social evil by the publicity thus given the episode cannot be adjudged. The newspapers have confined their discussion largely, almost entirely, to the crimes of seduction and the murderous assault, and the moral aspect of houses of prostitution. The horror of these is appalling in what is here written and their atrocious character is in no way minimized. The efforts to suppress house prostitution are laudable, and viewed in the light of the general public's information are justifiable.

The social evil is with us, and its ravages in moral depravity and physical deterioration and suffering are deplorable. As to whether it is on the increase within the past few years, or at the present time, is a question not now under consideration. The burning question is its eradication or if this is at present impracticable, its curtailment. Legalizing houses of prostitution and police supervision has proven a failure though there are many advocates of this procedure, honestly believing it to be the best solution of the problem; yellow journalism and sensational denunciations of the crime will not eradicate it; condemning to hell its votaries but brings ridicule upon the utterance; anathemas hurled against city officers and police forces do not meet the indications; secret conclaves and regulating the hours of negro hack drivers are but the evolutions of the intense excitement of the hour; and the closing of the houses of prostitution in the city of Raleigh is but driving the inmates to other towns and country districts.

The efforts of the public are misdirected because of ignorance and not for want of interest. The sexual question is little understood by the general public. As we write this page of manuscript there comes to hand a copy of *Medicine*, for July, in which an allied subject is treated, and the author uses this language: "This age is credited with enlightenment, but there is a realm of darkness that scarcely more than a spark of intelligence illumines. Dante, with his funnel-shaped universe, was no more crude in his way of thinking about 'things terrestrial' than is the average individual of to-day about the 'sexual domain.'"

One editor, in writing of the occurrence, says Raleigh reaped another harvest from her wanton sowing. As bad as it is, it is not the harvest that has been reaped; it is only a wayside gleaning. The harvest is not so public. The medical profession sees and knows of the harvest, but do we fully realize the import of its stupendous magnitude? Perhaps the majority of its members do—those who have kept in touch with the medical literature of the past few years can appreciate the situation. We doubt if any other class does; we know the general public does not.

The social evil is responsible either directly or indirectly for more disease, suffering and premature deaths than any other factor in the whole realm of

agencies productive of morbidity and mortality. If it were only the actual participants in this crime against morality and society that suffered, it would not be so bad, but its ravages permeates everywhere from the unborn babe to the gates of death itself, and though innocent of any wrong and even in ignorance of the cause of disease and suffering in many cases, the penalty for the sins of others is paid. It is the direct cause of 25% of the troubles peculiar to women; it brings years of invalidism; weakened progeny; deformed offspring; imbecility and idiocy; broken constitutions; senility; mental and physical deterioration; wrecked homes; divorce suits; these and many more evils constitute the harvest of the sowing by the social evil that is being and is yet to be reaped by our people.

Houses of prostitution are prolific sources from which these morbid conditions are disseminated, but are not the only ones, and their suppression or complete eradication will by no means control the evil. Nor is the vice confined to the poor, illiterate or uninformed of either sex. These are facts well known to the medical profession, and it is a duty incumbent on us that the thinking part of the public should be placed in possession of them, and not only of these facts, but of the prophylaxis against diseases incident to the social evil.

We have heretofore written of this question, and advanced these views, and the only available remedy so far as has been suggested by writers on the subject. This is in educating the young man and young woman in its dangers, the necessity for continence and the means to be used in attaining it. The difficulties in reaching the public was noted and the same dilemma confronts us now. We throw out this suggestion for consideration. Many county medical societies as well as some others have committees in the form of a commission whose duty it is to keep the public informed through the lay press of such matters as is beneficial to the public at large. This committee's membership or personnel is not known to the public (though there is no reason why it should not be), but its utterances are given as the voice of the society, and in this way carries more weight than if signed by one individual, or unauthorized by the profession. Can not the State Medical Society raise a special commission on this question of the diseases of the social evil, and their prophylaxis? And will not the press of the State publish articles from the hands of such a commission? We fully realize the difficulties in the way of these suggestions. There are other ways of teaching, but the public press is the great educator of the land, and it is almost the only means of reaching the masses, and as one writer says: "The public has taken this matter with indifference too long."

J. D. R.

We Are Called to Taw.

Under the heading of "A Friendly Set To," Dr. Albright takes exceptions to our reference in the April Journal to his position on the code of ethics relative to advertising specialists. We stated that we gather from his explanatory note that he was not in full harmony with the teachings of the American Medical Association. Furthermore, that he believed that an advertising specialist can be as "honest" as the regular who condemns him.

He devoted a page and a half to prove this last proposition and asks that if satisfactorily proven, we make acknowledgement. This we most cheerfully do. In fact, we knew before either article was penned that an ad-

vertising specialist *can* be honest both in his claims and in the treatment of his patients, and that the reverse is true of many claiming to be regular.

We are still of the opinion, though, that Dr. Albright is not in full harmony with section 7, chapter II of the Principles of Ethics, as promulgated by the American Medical Association, which deals with the question of the medical advertiser.

We may be mentally obtuse, but while our brother of the tripod distinctly states that he takes no issue with any one on the question of ethics, our inference from the reading of the explanatory note, from which we gathered our first impression and which is republished in the June issue of the *Office Practitioner* (the first we have received since March) is that he does *not* condemn medical men for advertising. If we are wrong in this inference we would be glad to be set right.

The Medical Literary Association.

The physician's workshop is his library and his tools are his books. The better use he makes of his shop and tools the better prepared he is for combatting disease. Of the making of books there is no end, and medical books are costly. But few physicians are financially able to supply their libraries with the books actually needed. The necessity for frequent additions of new books in order to keep abreast of medical thought, improvement and progress makes it all the more difficult to keep the library up-to-date, for with the present activity in research work and new discoveries in the realms of medicine, the library of a decade ago, or even less time, is inadequate to the demands of the present, and the indications are that the conditions will remain so, or become more intense in the future.

A solution of the difficulty lies in the formation of Medical Library Associations. It is hardly necessary to speak of the benefits of such organizations; access to a greater number of books, with a small outlay; ability to add new books immediately upon publication; the greater number of reference works available; the library as a means of harmonizing the profession,—all these might be enlarged upon as arguments to support a plea for their establishment.

It does not require a large number of physicians or a very wealthy set to form such an association. These are desirable because a large and better association might thereby be formed. Any town with a half dozen doctors can form one that will prove of value to the profession as a whole and to each individual. Where there is a general or circulating library, arrangements can be easily made for room for a beginning. If this is not available, a centrally located drug store might be secured or even a room rented for the purpose and kept especially for the use of the physicians, under such rules and regulations as seem desirable. The neucleus of the library might be in each one contributing one or more annual subscriptions to different medical journals. Later books of reference, encyclopedias, dictionaries, manikins, charts, etc.

These thoughts were suggested by reading of the Cleveland (Ohio) Medical Library (*Cleveland Medical Jour.*, July, 1905), with its 12,000 volumes and the part it has played during the past ten years in the professional life of the city. It has outgrown its quarters, and plans are now on foot for erecting a fireproof addition for book stacks and an auditorium with a seating capacity of 300 for society meetings.

North Carolian towns may not attain this eminence in their medical li-

braries, but there is no reasion why they should not secure a proportionate amount of benefits from a co-operative plan in book purchases, and exert an influence thereby upon the general public, just as the Cleveland physicians have.

Physicians and the Hall of Fame.

The fact that the New York University's Hall of Fame has in it no name of a physician has been commented on by several medical journals, and the *Western Medical Review* is engaged in an effort to secure the names of 10,000 physicians asking for recognition for the profession in the forthcoming additional names to be enrolled.

To be eligible a physician must have been born in the United States and deceased ten years or more. Drs. Rush, Simms and Mott received some votes at the election in 1900. In addition to these the *Review* places in nomination Jno. Collins Warren, David Ramsey, Wm. T. G. Morton and Oliver Wendell Holmes, and asks that phyysicians vote for four.

If you are interested, make out your ballot for four of these, or you are not confined to these names in giving expression to your choice, and mail to Dr. H. W. Orr, Lincoln, Neb.

As Others See Us.

From the *Bulletin of the Medical College of Virginia* (March, 1905) we clip the following paragraph in an article dealing with the College's record before the different State boards:

Next to Virginia, North Carolina sends us the largest number of students. The Medical Examining Board of North Carolina is the oldest, and has always been considered one of the most difficult State Boards in the United States. It has been in existence more than thirty years, and during all this time only six of our alumni have failed to pass. During 1904 all of alumni that applied before this board passed, making 100 per cent. successes.

We appreciate the compliment to the State Board of Examiners, and acknowledge the proficiency of the instruction given in the Medical College of Virginia. We wish to correct one error, though, in the above statement in regard to the age of the board. It was established in 1852, and has been in continuous existence since under its original charter with several amendments, except two or three years during and immediately after the civil war.

Earning a Fee.

The Medical Council has a department of Business Ideas in which he, the editor, gives from time to time some good advice on the business side of practice. The July issue has an article dealing with the doctor's responsibility and the disposition to do just enough to earn a fee. This idea is advanced that such a doctor is not entitled to a fee at all, and the meaning of the writer is put in forceable language, denouncing the slipshod, inacurate and careless doctor as a common swindler.

We have always contended that the man who was in the practice of medicine for the fees only was an incubus upon the profession, and have read Dr. Taylor's denunciation of this class with more than ordinary interest.

New Books to be Issued.

For some months past there has been published in the *Journal of the American Medical Association* a series of articles on Immunity, under the department of Special Articles. In the same journal, Truth and Poetry of Uric Acid

has been dealt with in the editorial columns—running through several issues. Both of these subjects are well treated, and a recent issue of the journal announces that they will be issued in book form in the near future by the authors of each.

The President Compliments the Doctors.

At Oyster Bay on July 12th, the President addressed the Associated Physicians of Long Island. He alluded to the dual position of the doctor in his professional relations and his public position. He claimed that we would do for Panama what we had done for Cuba, and it was due to the profession that we could do it. The chief factor in giving Cuba a better hygiene was General Wood, and the attacks made upon him were largely because he was a doctor.

Hot Weather Editorials.

Baurens, of the *Medical Mirror*, insists that contributors send it the "stuff" promised, as editors can't write obstruse monographs on the remote effects of circumcision on the human spermatazoa, or similar poppycock, this kind of weather. If any one expects it he ought not to hold a membership card in a society for the prevention of cruelty to animals. With the thermometer at 90 in the shade and cerebration going down in inverse ratio, we can most heartily agree with him, and wish that our readers would give the Journal the benefits of some of their bed-side experiences.

Doctors' Vacations.

However, the hot weather has not prevented the *Mirror's* editor from giving some good advice, and that is for the doctor to get away from home for a while. Go fishing, go to the woods and hear the birds sing, study nature. Take a change. Go to Portland and swap yarns of big fees and successful operations with some old class-mate, or go to St. Louis and see the *Mirror* man, or go to Chicago if you want something quieter, but go away from home for a while anyway.

All of which is most cordially commended to our readers, and this writer hopes the number is large than can do so. With the bulk of last year's cotton crop sold at 7 cents, when 12 cents was expected, 50,000 crates of strawberries gone at $1.25 when 100,000 at $2 was contemplated, and 25,000 barrels of potatoes at 50 cents instead of 70,000 at $2.50. Well, the growers of these things don't pay doctor's bills very promptly and we will take our vacation on the imaginary plan, and enjoy the thoughts of how it would be if we were just in Ashe county, N. C., on Negro Mountain, drinking water from the McIver Springs.

Insurance Examination Fees.

From the *California State Journal of Medicine* (July) we learn that several county societies of California have taken up the question of fees for insurance examinations, and passed resolutions to the effect that a fee of five dollars would be demanded from regular insurance companies and two dollars from benevolent orders as the minimum fee for examinations.

Is the examination for benevolent orders less work or less important or the less responsible?

Dr. Harry Friedenwald of Baltimore was recently elected president of the American Federation of Zionists, and is now attending the Seventh Congress of Zionists at Basle, Switzerland.

Selections From Our Exchanges.

Clinical Experience With Diphtheria Antitoxin.

Dr. Louis Fischer said that the dose of antitoxin required must still be considered empirical, as we could not accurately determine the quantity of toxin in the system, and it was his object to invite discussion as to the relative merits of large and small doses on the strength of accurate statistics kept at the Willard Parker Hospital. In July, 1903, there were treated 135 cases, 107 tonsillar and pharyngeal, with eighteen deaths and 82.3 per cent. recoveries, and thirty-four tube cases, with seventeen deaths and 50 per cent. recoveries. The average dose was 1,500 units of antitoxin. In August, 1903, 132 cases were treated; 103 tonsillar and pharyngeal, with six deaths and 94.5 uer cent. recoveries, and nineteen tube cases with eleven deaths and 42 per cent. recoveries. The average dose of antitoxin was 1,700 units. In September, 1903, there were 104 cases treated; eighty-eight tonsillar and pharyngeal, with ten deaths and 88.7 per cent. recoveries, and sixteen tube cases, with fourteen deaths and 12.5 per cent. recoveries. The average dose was 2,500 units. In July, 1904, there were treated 134 cases; 100 tonsillar and pharyngeal, with eleven deaths and 89 per cent. recoveries, and thirty-four tube cases, with twenty deaths and 73.5 per cent. recoveries. The average dose was 2,500 units. In August, 1904, there were treated 121 cases; ninety-seven tonsillar and pharyngeal, with six deaths and 93.5 per cent. recoveries, and twenty-four tube cases, with ten deaths and 58 per cent. recoveries. The average dose was 5,000 units. In September, 1904, there were treated 137 cases; 105 tonsillar and pharyngeal, with seven deaths and 93.3 per cent. recoveries, and thirty-two tube cases, with eleven deaths and 65.5 per cent. recoveries. The average dose was 5,000 to 10,000 units. This showed about 21 per cent. mortality when the small dose was used, and 14 per cent. when the larger doses were used. McCollom of the Boston City Hospital commenced with an initial dose of 4,000 units, repeated in from four to six hours, depending upon the severity of the attack. When the patients had been ill for some time he gave an initial dose of from 8,000 to 12,000 units, and continued to use the antitoxin until there was a marked improvement in the condition of the patient. The shortcomings mostly to be met with were the placing of too much reliance on antitoxin regardless of vital necessities, the failure to stimulate emunctories. Hot saline colonic flushing of 115° to 120° should be administered for this purpose. The heart should be watched and supported by caffeine, sodium benzoate, strychnin, and small tonic doses of quinine.

Rashes usually appeared between the fifth and seventh days after the injection of antitoxin. The size of the dose did not vary the intensity, form, or time of appearance. The average duration of the rash was about three days. In some cases two distinct rashes could be found, which corresponded in time with different injections. Before the appearance of the rash there was usually a sudden rise in temperature, although the rash might appear without any febrile exacerbation. The proper dose of antitoxin was such a one as would inhibit the extension of the pseudomembrane, subdue the fever, and check the progress of the disease in general. For a mild case this was from 2,500 to 5,000 units. If an improvement was not noted within twelve hours this dose

should be repeated. If there was a large exudate on the tonsils and pharynx, 5,000 to 10,000 units should be given on the first day, and if improvement was not noted, the same dose should be repeated within twelve hours. This dose should be repeated from day to day until all visible exudate had disappeared, granular swellings had subsided, and temperature became normal. The condition and not the age of the patient should be the guide to the dosage. He had never seen ill effects from large doses of antitoxin. In cases of larnygeal stenosis, due to diphtheria, the primary dose should be 10,000 units. In some cases the immediate effect of antitoxin on the temperature and pulse was to produce a slight reaction, such as a rise of temperature of from one to two degrees, though in many cases a decided fall was noted after an injection of from 5,000 to 10,000 units. As a rule, the pulse rate was not affected, but in some instances a very rapid pulse, as of 160, had fallen to 140 within twelve hours after the injection. The temperature usually fell after the required dose had been administered. Proper nutrition was highly important. Milk diluted with some cereal decoction was better borne than milk alone. In older children raw eggs might be added to the milk, and concentrated broths administered. Acid fruits seemed to be well borne. Food should be administed about every three hours. When rectal feeding was necessary, one ounce of predigested milk, one ounce of starch water, and one minim of laudanum should be injected slowly through a colon tube after the bowels had been thoroughly cleansed. More than two ounces should not be given at one time, but if well retained the enema should be repeated every four hours. Dr. Fischer never used forced feeding in private practice.—*Medical Record.*

The Dangerous Headache Powder.

Since the introduction of the coal-tar products to the medical profession their use has increased at an alarming rate. Although the doses have been greatly reduced in amount on account of their depressing effect and in some cases fatal terminations, there are deaths reported from time to time due to the indiscriminate use of headache tablets and powders containing acetanilid and antipyrine. Small doses of acetanilid and antipyrine act as antiseptics and relieve pain through their depressing effect on the nervous system, but they should be prescribed by a physician. The habit of taking acetanilid and antipyrine continuously for headache will in time lead to chronic poisoning.

It has become quite a fad, for women especially, to carry a packet of headache powders for "neuralgic and nervous headaches" due to anxiety, over work, eyestrain, constipation, and menstrual disorders.

The general practitioner is often called hurriedly to see a patient who has suddenly become weak, cynosed, chilly, very nervous, with muscular twitching of the extremities, and after a careful examination will finally elicit the history of the patient having taken headache tablets or powders in doses much larger than directed in order to relieve pain, induce sleep or steady her nerves in order to keep a social engagement.

J. L. Miller, Chicago, reports in the Jour. A. M. A., June 24, a death from orangeine poisoning. The patient had been warned of the danger but persisted in using the powders. Miller calls attention to the danger to the public from having free access to such a remedy, which is advertised as harmless. The public will use it without

the careful dosage which a physician would require, if he gave acetanilid. Analyses of orangeine show it to contain a large proportion of acetanilid.

Stewart reports a considerable number of cases of chronic acetanilid poisoning. Special attention is given to the condition of the blood and of the urine. The blood picture is quite characteristic. 1. The hæmoglobin cannot be estimated, on account of the presence of methæmoglobin, which gives the characteristic chocolate color to the blood. 2. The red cells are usually reduced in number and are more or less deformed. 3. There is usually leucocytosis. In cases of severe chronic poisoning by acetanilid and related coal-tar products the symptoms are usually very similar as concerns progressive mental and physical debility, which later often reaches a high grade. There is cardiac weakness, with more or less pronounced cyanosis. Apart from the usual chocolate hue of the blood so noticeable on puncture, the blood picture, were it not for an almost invariably present leucocytosis, would suggest pernicious anæmia. — Medico-Chirurgical Journal.

Nasal Diseases as a Cause of Headache.

Whitehead, after discussing this subject in the British Medical Journal, of January 28, 1905, reaches the following conclusions:

1. Nasal disease is undoubtedly the cause of headaches in a certain percentage of cases, although it is doubtful whether it is possible for headache to be produced by any nasal condition which does not give rise to discharge, or to obstruction to normal nasal respiration.

2. In all cases of persistent headache, a careful examination of the nose should be as much a routine practice as the examination of the urine, the teeth, and the eyes, since in some instances the nasal symptoms may be ignored by the patient, and a careful examination of the nose will be necessary to establish the diagnosis.

3. Suppuration in the accessory sinuses and marked nasal obstruction, constant or intermittent, should be thoroughly treated.

4. Small spurs, deviations and hypertrophies not causing obstruction should be left alone, as no relief will be given from the headaches by treatment of these.

5. If the middle turbinate bones are enlarged and pressing upon the septum, especially upon the tubercle, and if all other possible causes of headache have been eliminated, partial removal of the hypertrophied bone should be advised, since in many such cases complete relief is given.—Therapeutic Gazette.

Medical Ethics?

POST-GRADUATE.

Under the head of "Pharmacology" one of our medical weeklies has an article on "The Fundamental Principle of Medical Ethics." Exactly what pharmacology and ethics have to do with each other we are not informed. Probably the printer has made a malarrangement, but isn't it surprising that in these days of facts and deductions from facts, the days of thorough professional education, that it should be thought necessary to discuss the "science of right conduct," as the writer in the journal from which we are quoting defines ethics. The science of right conduct should be taught in the family, in the school, and in the church, but we do not know that it has very much importance in medical journals. We ought to assume that that is a study like philosophy, to be cared for in the preparation for entrance upon this profession,

but hardly having a place of necessity in a medical school. Then it is too late. That from which we are quoting makes rather interesting reading, however. The writer denies that it is a physician's first duty to do good regardless of the way it is done or the means or the methods employed, and says that it is a frequent assertion that this is true. We hardly think so. Certainly it is a physician's first duty to do good, but even doing good must be done in a proper way, and we have no knowledge of men and women who believe that there is not a right or wrong way of doing good. Altogether physicians who begin to discuss ethics instead of attending to their own scientific affairs get themselves in a morass, and plunge deeper and deeper in contradictions and absurdities before they are aware that they are in the mire at all.—Maryland Med. Jour.

M. Doyen and Cancer.

Some months ago M. Doyen startled the world by proclaiming to have found that the *micrococcus neoformans* was the true cause of carcinoma, and that he had also perfected a serum by means of which he cured quite a few cases of inoperable cancer. His small voice and his important assertions aroused the interest of the Surgical Society of Paris—an organization of which he was a member, and a few of the members of this Society absolutely contradicted M. Doyen's statements. A Committee of Investigation was then appointed and work begun with the apparent consent and co-operation of M. Doyen.

At first everything moved along smoothly, but recently the editors of the Brit. Med. Jour. have severely criticized M. Doyen for playing to the laity and for interfering with the progress of the Investigating Committee. It is, however, too early for us to accurately determine the value or the uselessness of M. Doyen's serum, but we patiently await the report of the committee. If M. Doyen's appeal to the Academy of Medicine—the highest tribunal—has been ignored, it is evident that the Surgical Society is doing the work in a satisfactory manner. We believe that the committee should and will treat M. Doyen fair.—Courier of Medicine.

The Prevention of Drug Habits.

Wilson (Jour. Mich. State Med. Society) comments on the ease with which habits are formed, the pursuit, however disastrous remotely, giving momentary pleasure. He says the blame of the increase in the use of opium preparations, cocain, chloral, chloroform, ether and the coal-tar products is largely upon the drug trade, but does not fail to sharply call to account the physicians, who from a mistaken sense of compassion, or from sheer unwillingness to be continuously harassed by the appeals of a suffering patient—places the hypodermic syringe, or the chloroform bottle in the hands of one whose resistance to drug addiction is already lowered by continued pain. The so-called "Beal antinarcotic law" is presented as a model and it seems to us to meet quite fully the requirements.—Courier of Medicine.

Diphtheria Antitoxin in Cerebrospinal Meningitis.

A. J. Wolf (Am. Med., May 13, '05) asserts when the gross lesions of the disease have made extensive onslaughts on the vital centers a cure cannot be effected. With other workers, he finds the generally claimed specific character of the behavior of diplococcus intracellularis meningitidis to Gram's stain is not borne out by facts. The reaction of the culture medium effects peculiarities in form and variations in size of

the organism. The optimum culture medium is diabetic urine to which is added two per cent. peptone. He discovered the normal alkalinity of the cerebrospinal fluid is, in the course of the disease, changed to intensely acid, and the severity of the symptoms bears a direct relation to this increased acidity. Experiments suggested by the fact of the disappearance of diphtheria in the community during the prevalence of epidemic cerebrospinal meningitis lead to the determination that an antagonism between the specific organisms of the two diseases does exist; that the Klebs-Loeffler bacillus is precipitated and agglutinated by the meningococcus when mixed; that diphtheria antitoxin inhibits the growth of the meningococcus and is antagonistic to it, thought not so effectively as the diphtheria toxin, but he believes in the present state of our science the former only is available. He insists, to be effective, the antitoxin must be used early in the course of the disease and in large amounts.—Med. Age.

Nasal Conditions Dependent Upon the Generative Organs.

Justus (Med. News, May 6, 1905) directs attention to the following conclusions:

1. That turgescence of the nasal mucous membrane always occurs during the procreative act.

2. That there also exists a marked degree of hyperesthesia of the nasal mucous membrane at such times.

3. That a more or less marked periodical engorgement of the nasal mucosa occurs in females coincident with menstruation.

4. That this same engorgement also occurs periodically during pregnancy, demonstrating that it is not dependent upon the menstrual flow.

5. That operations which destroy the functions of the generative organs cause the nares to return to the state which existed prior to the advent of puberty.

6. That in lower animals sexual excitement is always accompanied by occlusion of the nares.

7. That this engorgement in the human family may result in epistaxis or hydrorrhea.

8. That the continued overstimulation of the nasal mucous membrane from sexual perversion results in a relaxation of the same through vasomotor paresis.

9. That the long-continued hypernutrition from frequent or inordinate congestion will in time produce tissue changes either of hyperplasia or atrophia.

10. That these conditions are in no way dependent upon hysteria or neurasthenia.—Med. Age.

Tastes differ. In China, for instance, not only is belching not considered inelegant, but on the contrary, it is raised to the heights of an institution, a national ceremonial. Instead of making after-dinner speeches, after the viands are discussed and the traditional rice is reverently ingested, the host rises and excuses himself before the invited guests for having invited them to so shamefully meager a repast, being dead sure that their hunger was not appeased nor their thirst quenched. The guests protest vehemently; they vie with each other in praising the variety and delicacy of the many dishes, and after having exhausted their flowery oriental vocabulary, place their hands upon their bellies, approach the host and belch up into his face, loudly and repeatedly, thus bringing forth from the bottom of their stomachs conclusive and convincing proof that they are indeed fully satisfied.—Med. Record.

Some Neglected Symptoms of Non-Surgical Gynecology.

By John A. Hale, M. D., Alto Pass, Ill. *(From Med. Herald, St. Joseph, Mo.)*

It is but a lack of inquisitiveness on the part of the general practitioner that has brought about a condition of things in gyecological practice that warrants the assertion so often reiterated in current surgical literature that "Modern gynecology belongs, practically, to the field of operative surgery."

The successful physician, with a characteristic personality of inquisitiveness, can boldly refute such assertions and substantiate his refutation by the thankfulness of a happy clientele of womankind released from a thraldom of suffering by his inquisitiveness.

Diseases of the female organs of generation are more common than any but a physician can suppose, and surgical gynecology has become a necessity from an early neglect of backaches, spineaches and headaches, followed by irregular, scanty, painful, delayed or suppressed menstruation during girlhood. The inquisitive physician rushes not into instrumental interference, nor sends such patients to certain specialists for officious mutilation, but first a volley of seek-farther questions at the patient which elicit the information that such patient passed her days of approaching puberty in an overcrowded public school —or, worse, in a jail-like boarding school for young ladies, adding fuel to the fire of antagonism between brain and indigestible foods, the body growth lags behind, leaving the imprint of the unequal struggle on the reproductive organs.

With poorly established sexual functions and a perfect disregard for menstrual week, the undeveloped woman leaves school to plunge into a vortex of social dissipation, followed later by an assumption of wifely duties and responsibilities toward a husband who has seen only her bewitching face and not her frail body.

It is hard to fathom the reason why so many such wives at first tolerate marriage obligations and later resent and loath them when the poor, broken-down sexual system refuses longer to continue functions for which it was made, but carelessly unfitted?

Is not such a condition a cause for dread of maternity on the part of the woman which often leads to criminal abortion, with all its attendant sequences?

To the inquisitiveness of the successful physician must be added a power of positiveness, wherein he may teach both the husband and the wife something they should know before their carelessness brings about these later conditions which require the necessity of mutilation.

The woman suffering from continued nervousness, weariness, wakefulness, headache and backache needs the services of a physician, and not a surgeon. Likewise such symptoms as scanty, painful, delayed and suppressed menstruation should be under the care of a physician and not an over-zealous surgeon. Prolapsus, leucorrhea, ulcerations, chronic inflammations, congestions and enlargements are purely the outcome of neglect of just such symptoms as named. The first-named symptoms are but the assertions of Nature that she is tired of the unequal load, and if not relieved she will resist no longer, come what will.

A judicious investigation of seemingly insignificant details and close application to the technique of examination in the early stages of such cases will reveal constipation, congested mucus lining of the vagina, and irritable

bladder, with diffuse hyperæmia of all pelvic structures and loss of organic or respiratory rythm; that subtle thrill which extends over the whole body synchronous with the beating of the heart and motion of the lungs, plainly perceptible to the trained eye looking upon healthy pelvic viscera. Quick must be the relief of this engorgement, with its pernicious nutrition of the parts and concomitant accumulation of excrementitious matter.

First and foremost in the treatment of this condition comes the remedy of absolute rest to the parts, and then, but no less important, is the removal of improper dress and the re-establishment of abdominal breathing to restore proper circulation in the pelvic viscera. Treatment for the removal of constipation is self-suggestive; rest we can enjoin upon our patient, and abdominal breathing we may advise, but all animal cells, whether single or united in tissues or in organs, consume a certain amount of matter, and those chemical changes by which material brought to the tissues and organs by the blood and transformed into other products through the activity of the living cells which liberation of life energy, must be maintained by a continued inherent thrill or respiratory rythm and a constant supply of chemical products. This same chemical agent must not induct a destructive blood metamorphosis, but supply food for the debilitated vitality. For such action we must seek some combination of the old and well-tried remedies of ergot and apium, with acceptable hæmagogues.

The questionable action heretofore exhibited by various preparations of such remedies has been due, as clinically proven, to the component resinous compounds of the apium in the combination. In Ergoapiol (Smith) the active principles of apium have been isolated and with ergot made to form an acceptable and agreeable compound with invigorating hæmagoggues, proving of unquestionable benefit in such conditions as mentioned in this article.

When the general practitioner awakens to his responsibility, we will have less of these conditions, a continuation of which invariably produces a capillary varicosis, with its train of evils, manifested more frequently by copious and disagreeable discharges called leucorrhea. But even as late as in this last-named condition the physician will learn that Ergoapiol (Smith) judiciously, consistently and determinedly administered, will prevent much needless mutilation by effecting a cure.

Pre-emption of space for case reports on this subject would scarcely be justifiable, when each reader may cluster the facts as herein stated around well-known principles and evolve therefrom a rational solution of treatment for diseases involving the female genitalia.

Intestinal Disorders Due to Lack of Normal Intestinal Alkalines.

At this period of the year we are called upon to consider carefully the application of therapeutic measures to be adopted in the treatment of disease of the gastro-intestinal tract. Conditions met in these cases have a marked degree of similarity, due primarily to a faulty or altered secretion of intestinal juices, and secondarily through errors of diet, etc. The contents of the bowel are found to be made up of a fermenting mass of decomposed food, broken down mucous membrane, together with fluids of intensely acid reaction loaded with pathogenic bacteria. The logical treatment indicated would call for a prompt removal of the source of infection and the restoration of normal secretion.

A prominent practitioner in the South

whose wide experience justifies authority, recently embodied in a paper the following statement: "In diseases of the intestinal tract in children or adults, whatever the diagnosis may be, we always trace the origin of the trouble to *a want of alkalines* to correct an excess of acidity during the digestive process." This is of deep interest to us, as it gives the key to the marked results following the administration of the alkaline antiseptic, Glyco-Thymoline, which not only corrects existing hyperacidity with its concomitant symptoms, but causes by its exosmotic property a rapid depletion of the engorged membrane and a stimulation of the glandular system to normality, whereby the proper amount of alkaline fluids will be secreted. Therefore it is well to remember that Glyco-Thymoline not only corrects the effects of disease but aims to re-establish those processes of digestion and assimilation which are wanting.

In severe cases of Cholera Infantum, Dysentery, Ileo-Colitis, etc., the solution should be administered as a colon flush, using a 10 per cent. solution of about 100°F. This treatment combined with ʒi to ʒii doses per oram serves to rapidly eliminate all toxins, promote an aseptic condition of the bowel and to encourage what is most needed—the secretion of normal alkalines.

The Most Satisfactory Method of Treating Hay Fever.

It is now regarded as a pretty well established fact that hay fever is a neurosis with the peculiar local manifestation of hyper-sensitiveness of the respiratory mucous membrane. Excessively humid air, dust, the pollen of certain plants, attenuated particles of matter, and certain volatile emanations cause a pronounced irritation of the mucous membrane. This is indicated by violent fits of sneezing; copious discharge of mucus; sensation of burning in the pharynx and post-nasal vault and sometimes in the region of the forehead, the eyes and the cheeks; more or less headache and difficulty of breathing, due to nasal stenosis produced by turgescence of the mucous membrane; and in not a few cases, cough and bronchial asthma. These phenomena are undoubtedly the direct result of the vasomotor paralysis that follows the primary irritation. They are caused by an engorgement of the tissues resulting from excessive dilatation of the capillaries. So much for the etiology and pathology of the distressing condition that annually incapacitates thousands of the most valued citizens of the country, and for which no method of treatment heretofore has proved more than palliative.

With the discovery of the remarkable therapeutic properties of the suprarenal gland and the isolation of its active principle, Adrenalin, a new day dawned for the hay fever patient. As our experience with Adrenalin increases we are more than ever convinced of its efficacy. Its very satisfactory and exceedingly prompt action in controlling the paroxysm is simply charming to physician and patient. It affords the sufferer the grateful relief from physical torment and mental anguish that he once learned to expect from cocaine; but the dangers and inconveniences of cocaine are entirely wanting after the use of Adrenalin. The latter powerfully contracts the capillaries, reduces the turbinal turgescence, thus relieving nasal stenosis, and checks the profuse flow of mucus. It also overcomes the sense of mental and physical depression that is so common in many chronic cases.

Adrenalin is used either in the form of the 1-1,000 solution or the more recent Adrenalin Inhalant. The latter is

a permanent oily solution also of 1-1,000 strength. Either solution may be sprayed into the nares and pharynx, during deep inspiration when it is desired to reach the lower air passages, or the nasal tissues may be treated by means of topical applications on cotton mops. It is unnecessary to use cocaine, as the Adrenalin Solutions are not at all or very slightly irritating. Adrenalin is kept in the leading pharmacies of the country and the physician should have no difficulty in procuring it at any time. Messrs. Parke, Davis & Co., who market the Adrenalin preparations, have published a brochure on the treatment of hay fever that should be in the hands of every medical practitioner. It can be obtained by application to the Detroit office, or any of the branch houses.

Correct Diagnosis and Treatment of Rheumatism.

By G. W. Tobias, M. D., New York.

In considering the pathology of so-called rheumatism, it is essential to be discriminating before applying anti-rheumatic medication.

The distinction between rheumatism and other arthrites is not always clear at first examination, although the recent investigations of eminent authorities has improved our methods of diagnosis and shown the way to more intelligent treatment.

Rheumatism is self-limited and disappears when the pabulum which it needs is exhausted, but one attack of rheumatism does not confer immunity from subsequent infection; on the contrary, once a rheumatic, always a rheumatic. This is probably because the micro-organism lies dormant and only develops when systemic resistance is sufficiently lowered. Rheumatism and gout present many similar symptoms. Rheumatism will by preference attack the large joints or the heart, while gout occurs most frequently in the small joints. Gout is more common in the aged, while rheumatism is more prone to affect those in the most vigorous decades of life. There are, moreover, two essential features in which rheumatism differs from gout and all other arthrites, the character of the temperature and the peculiar lactic acid odor of the perspiration and breath. * *

Swollen and painful joints may also result from gonorrhœal arthritis, syphilis or tuberculosis, and the possibility of any joint trouble being due to these causes should never be ignored.

A rigid distinction is especially important here, because anti-rheumatic medication is of compartively little value in the latter cases, and much better results are obtainable from the use of nerve tonics, iron, arsenic, and physio-therapy in general.

There seems reason to believe that gonorrhœa plays a far more important part in the causation of articular inflammations than is generally thought, for we well know that even in cases in which there is no perceptible urethral discharge, gonococci may be elaborating their toxins in the deep urethra and its adnexa, the absorption of which may give rise to systemic complications.

While acute and subacute rheumatism respond readily to treatment, such is not the case with chronic rheumatism, in which fibrous tissue is formed as the result of the long-continued irritation by the micro-organism. All salicylates or derivatives of the salicylic group have the same specific action in true rheumatism that iron has in anemia, mercury in syphilis or quinine in malaria, but other arthritic manifestations are but little benefited by salicin or salicylates. In my experience salicin is better tolerated than commercial salicylates, or even the numerous synthetic salicylic derivatives which our Teutonic

chemists so forcibly bring to our notice, backed by numerous medical authorities of the German Fatherland.

Gros, of Paris, was one of the first to recommend betul-ol in connection with colchi-sal capsules in gouty cases complicated by a rheumatic diathesis.

Betul-ol is a mentholeic acid combined with the methylester of the salicylic radicle, resulting from the action of water on a glucoside and a ferment present in the bark of the tree, *betula lenta*. I find betul-ol the best of this class of remedies; one minim being chemically equivalent to 1 grain of salicylate when taken up in the blood current, by which means it is brought in direct contact with the diseased structures.

It is not irritating to the skin, and as it contains 2 per cent. of menthol, it has an advantageous local analgesic effect which gives almost immediate relief from pain.

Official Analysis.

It has long been the pride of reputable manufacturers of proprietary medicines that their product stands before the profession distinct and apart from secret remedies or patient nostrums. Proprietaryship implies a serious expenditure of capital to assure special facilities for producing a standard product worthy of acceptance as pure and reliable. Such a business is legitimate and ethical, and is necessitated in this age of specialism to meet the requirements of skilled therapy with an accuracy which shall invite the support of the medical profession.

To the shame of those who abuse this trust it seems that a simple statement may not always be accepted as sufficient. To at once set at rest all possibility for doubt, let those who have nothing to conceal follow the course adopted by Mariani & Company, who publish on each bottle of Vin Mariani not only the formula, but the official governmental analysis. This honorable innovation happily rings as popular, for a movement is now under consideration to compel, through State laws, the publishing of the formula of every proprietary preparation on each package.—Cocoa Leaf, May, 1904.

Sun Pain and Other Pain.

In the pain and pyrexia produced by exposure to the rays of the sun, which is common in this country, and particularly in our large cities, during the summer solstice, antikamnia tablets, in addition to cold douches, are the best remedy. Antikamnia tablets reduce temperature by increasing radiation of heat from the body, and diminishing heat production. They stimulate the glandular system, particularly the sudorific glands. In many cases their diaphoretic action is phenomenal. They act as an analgesic by obtunding the sensibilities of the vaso-motor and sensory nerves. They seem to tranquilize the ganglionic centers of the whole nervous system and have but slight action on the brain. We mean by this, that they do not stupefy nor produce unconsciousness. They seem to have no disturbing influence on the kidneys. They have a happy effect in nearly all neurotic troubles and occupy a permanent position in therapeutics. Briefly stated, they are indicated in sun-pain, cephalalgia, neuralgia, attacks of acute rheumatism, sciatica, dysmenorrhœa, irregularities and all painful conditions.

In the treatment of conditions where it is important to exhibit quinine, the action of Antikamnia & Quinine Tablets will be found specially desirable. The antikamnia not only relieves the pain, but prevents any disturbance of the nervous system, so frequent when quinine is given alone.

Summer Diarrhea in Children.

"A great many physicians begin treatment by removing the irritating substances from the alimentary canal by giving a good dose of castor oil, salts, rheubarb, or, by a plan that is often resorted to and is very popular with some, by giving copious injections.

If the latter plan is adopted, a large amount of water should be used, so that the entire lower bowel can be thoroughly washed. The water that is used should be previously boiled.

I usually add two or three tablespoonfuls of Listerine, and I believe that it meets every indication better than any other preparation. There is no doubt in my mind that the antiparasitic and anti-fermentative preparations are productive of the best results. Of the numerous preparations of this character that are now on the market Listerine has by far the largest number of advocates, and I believe from quite a large experience with it that it justly deserves the recognition and endorsement that the medical profession has so universally given it. Its therapeutic effects are dependent entirely upon its power to disinfect, so far as it is possible, the alimentary canal."

E. C. Register, M. D.
Charlotte, N. C.

Entero-Collotis and Cholera Infantum

Antiphlogistine produces results in cholera infantum that cannot be obtained in any other way. Pain is reduced, restlessness is soothed, and the tossing, moaning patient falls into a quiet, restful sleep. And why not? A moment's thought will convince you that, since the intestines and possibly the peritoneum are inflamed, an application which so rapidly reduces inflammation in other parts of the body must have a beneficial action here. Consider also that in this case, acting directly upon and reflexly through the solar and hypogastric plexuses, it relieves the shock which is so invariably a serious part of the symptom complex.

Apply hot to the abdomen about $\frac{1}{8}$ inch thick and cover with absorbent cotton.

The attention of the medical profession is being directed to the use of Sal Hepatica in typhoid fever and inflammatory conditions of the bowels. It appears to be a very safe saline laxative in such affections ,being less obnoxious to the organism than sodium phosphate alone or other salines and is more readily eliminated.

By commingling lithium and sodium phosphates in proper proportions with certain of the "Bitter Water" salts, the manufacturers of Sal Hepatica claim a compound is secured that is superlatively more active than either the lithium or sodium salts alone, or, indeed, than any of the natural purgative mineral waters. Recognizing this, the most eminent practitioners latterly have taken to prescribing Sal Hepatica in preference to the natural waters, with the result that the remedial action of the latter is enhanced, the untoward manifestations accruing reduced to a minimum and their palatability materially increased.

Sal Hepatica is very effective in limiting and reducing the amount of uric acid formed within the circulation and excreted by the kidneys, and is freely absorbed and taken into the blood and as rapidly (along with the chemical products formed) eliminated by the excretory ducts or organs as is readily demonstrated by its presence, after a brief course thereof, in perspiration and urine —the latter more particularly being doubled or trebled as to quantity and rendered decidedly alkaline.

Sal Hepatica is the original effervescent saline laxative, hepatic stimulant, uric acid solvent and eliminant of irritating toxins in the alimentary tract. It is manufactured under the direct supervision of J. LeRoy Webber, Ph.G., its originator, and only at the laboratories of Bristol-Myers Co., Manufacturing Chemists, 277-279 Greene Ave., Borough of Brooklyn, New York City.

Sanmetto in Prostatitis, Cystitis. Gonorrhea and Urinary Irritations.

I have been an extensive prescriber of Sanmetto in cases of prostatitis, cystitis, gonorrhea and general urinary irritations, and look upon it as one of the surest remedies in that class of troubles I have ever seen. I shall continue to use where indicated.

A. R. Moist, M. D.

Dayton, Ohio.

The Waterbury Chemical Company, Des Moines, Iowa, are mailing out to every physician in the United States and all of the American possessions a photograph of Dr. Geo. Brown, ex-president of the American Anti-Tuberculosis League, with his autograph letter endorsing Waterbury's Metabolized Cod Liver Oil Compound. This is one of the highest honors that could be conferred upon any manufacturer, to have such endorsement of their preparation. This compound is meeting with wonderful success with entire medical profession and is worthy of a thorough trial.

Notice.

Armour & Company announce their readiness to furnish the Parathyroid substance in powdered form, in one drachm vials, at $1.50 per drachm.

The paraphyroid glands are very small and so hard to get out that the material can be supplied only in very small quantities.

The Parathyroid substance has been suggested in the treatment of paralysis agitans, ex-ophthalmic goitre, etc.

Sure Cure.

Green.—"My wife sent $2 in answer to an advertisement of a sure method of getting rid of superfluous fat."

Brown.—"And did she get the desired information?"

Green.—"Well, she got a reply telling her to sell it to the soap man."—Am. Jour. Surg. and Gyn.

Brainfag, from worry, overwork, or excesses of various kinds, is quickly relieved by the use of Celerina, in teaspoonful doses three times a day.

Some days ago two little fellows of seven and eight years old heard older people speaking of skeletons. The seven-year-old boy listened intently to the conversation, when the elder boy, with an air of superior knowledge, said abruptly:

"You don't know what a skeleton is and I do."

"So do I!" replied the younger. "I do know. I know for certain, I do!"

"Well, now, what is it?"

"It's bones with the people off."—Lippincott's.

At a meeting of the cerebrospinal meningitis commission on May 5th attention was called to the benefit derived from the free admission of sunlight into the sick room. It was admitted that the best treatment for the disease was plenty of fresh air. From all experience no benefit has been derived from the use of any serum or antitoxin. Further experiments will be carried out with these agents.

BOOK REVIEWS.

THE PHARMACOPOEIA OF THE UNITED STATES OF AMERICA; Eighth Decennial Revision. By authority of the United States Pharmacopœal Convention, held at Washington, A. D., 1900. Revised by the Committee of Revision and Published by the Board of Trustees. Official from September 1, 1905. Philadelphia: Agents, P. Blakeston's Son & Co.; Sub-Agents: New York, E. R. Pelton, 19 E. 16th St.; Chicago, The E. H. Colgrove Co., 65 Randolph St.; St. Louis, C. V. Mosby, 2313 Washington Ave.; San Francisco, Payot, Uphan & Co., 100 Battery St.

This the Eighth Decennial Edition of the Pharmacopœa of the United States of America is a credit to the Revision Committee and to Pharmacy in America. We note with pleasure the desire of the committee that eventually the pharmacopœal products the world over be brought to a uniform standard, also that no secret or patent-protected article be admitted. Of the previously official articles, 151 have been dismissed and 117 new ones have been added. The standard strengths of several important preparations have been changed; antidiphtheritic is the only serum admitted; suprarenal and thyroid are the only new animal products introduced. The pharmacist who would keep abreast the progress in his field should have this edition on his table. The publishers have done their work especially creditably.

LEA'S SERIES OF MEDICAL EPITOMES. Edited by Victor C. Pedersen, M. D.

ARNEILL'S EPITOME OF CLINICAL DIAGNOSIS AND URANALYSIS. A manual for students and practitioners. By James R. Arneill, A. B., M. D., Professor of Medicine and Clinical Medicine in the University of Colorado, Physician to the County Hospital, and to St. Joseph's Hospital, Denver. In one 12mo volume of 244 pages, with 79 engravings and a colored plate. Cloth, $1 net. Lea Bros. & Co., Publishers, Philadelphia and New York, 1905.

This author in his prefatory remarks very truthfully says: "The great importance of laboratory examinations in all branches of medicine and surgery has come to be universally recognized; but the ability to put the methods into practice and to derive the information they can give, has not yet been as widely acquired by the profession. This brief volume, covering the essentials, is intended to serve the needs of physicians and students rather than those of experts."

This volume is one of the "Medical Epitome Series" of the publishers, and they have been fortunate in their selection of author and editor. The uniform excellence and trustworthiness of this volume is in keeping with the 16 which preceded it.

STIMSON ON FRACTURES AND DISLOCATIONS. A treatise on Fractures and dislocations. For students and practitioners. By Lewis A. Stimson, B. A., M. D., LL. D., Professor of Surgery in Cornell University Medical College, New York; Surgeon to the New York and Hudson Street Hospitals, etc. New 4th Edition, thoroughly revised. Octavo, 844 pages, 331 engravings and 46 full-page plates. Cloth, $5 net; leather, $6 net; half morocco, $6.50 net. Lea Bros. & Co., Publishers, Philadelphia and New York, 1905.

The fourth edition of this well-known work is at hand.

Since the publication of the third edition many interesting details, some of

much practical importance, have been added to the knowledge of certain forms of fracture, particularly in or near joints. The X-rays have been used so freely that a greater degree of confidence may be placed in the accuracy of diagnosis than was formerly possible. In fact, sufficient details have been obtained in some of the rarer forms of injury to permit systematic descriptions. Much new matter of great importance will also be found regarding the operative reduction of old dislocations.

The frequency and severity of the injuries treated in this volume, the necessity for prompt attention, and, finally, their medico-legal possibilities, all unite to render Dr. Stimson's authoritative work essential to general practitioners as well as surgeons. It covers every known form of these lesions, not a few of which were first described in its pages. The author's vast experience and sound judgment are reflected in a literary style of exceptional clearness, and his pages abound in telling engravings and plates. He has endeavored to adapt his work specifically to the needs of the practitioner, particularly in the sections on diagnosis and treatment. In this new and thoroughly revised edition the profession have at command the leading authority upon both subjects in their latest development.

For the convenience of the reviewer, we append a transcript of the title, with price, etc.

THE DIAGNOSIS OF DISEASES OF WOMEN. A treatise for students and practitioners. By Palmer Findley, B. S., M.D., Assistant Professor of Gynæcology and Obstetrics, Rush Medical College, in affiliation with the University of Chicago; Assistant Attending Gynæcologist to the Presbyterian Hospital, Chicago; Fellow of the American Gynæcological Society; Fellow of the Chicago Gynæcological Society; Second edition, revised and enlarged. Lea Bros. & Co., Philadelphia and New York.

Findley's Diagnosis of Diseases of Women occupies the peculiar position of being the only book on the subject in the English language. That the profession appreciates it and that it is a good book is shown by the call for a second edition in two years. The author has taken advantage of the need of this edition to bring all the subjects treated thoroughly up to date, and we believe he has done his work well. The book is what purports to be a Diagnosis of Diseases of Women, and its whole 575 pages are devoted to this subject.

One of the first things to impress us on glancing through the volume was the wealth of its illustrations, and their fidelity and superior excellence. A closer acquaintance upon more extended examination confirms the first impressions in this line, as there are over 200 engravings and nearly 60 plates in colors and monochrome.

The first part of the work is taken up with general considerations, the relations of other organs to the genitalia, the importance of full histories, early diagnosis, etc. While he relies upon the microscope blood counts, etc., for exact diagnosis, the clinical history and physical characteristics are very fully given. The mode of examination and the instruments needed are explicit. A special chapter is devoted to the use and importance of the microscope, and the value of bacteriologic examinations in some cases is noted.

The chapters of diagnosis of pregnancies—normal, ectopic, hydatiform—made with viability of fœtus, abortion, etc., are especially full and interesting. The fallacies of the different signs are

given together with the importance to be attached to each.

Different growths of the female genitals, benign and malignant, are described and cuts explanatory of the text, freely interspersed. Carcinoma of the uterus and adnexia has seven plates and ten cuts, most of the plates photographic of microscopic showings.

The diseases of the urinary system are fully treated in Part III.

The book impresses us as one of special utility to the general practitioner who is obliged to do a certain amount of gynœcologic work, *nolens volens,* and feels that there is often a doubt in his mind as to diagnosis of his case. As a reference book to keep handy for emergencies, it is to be commended.

Literary Note From the Bodley Head —John Lane Co , Publishers and Importers.

THE PRACTITIONER'S HAND-BOOKS. —An illustrated series of Medical and Surgical Hand-books, under the General Editorship of Harry Roberts, written by Specialists for the use of General Practitioners; 12mo; $1.50 net per vol.

Volume I. The Rheumatic Diseases. —By J. O. Symes, M. D. (Lond.), D. P. H., M. R. C. S., L. R. C. P.; Assistant Physician and Bacteriologist to the Bristol General Hospital

Volume II. Hysteria and Neurasthenia.—By J. Mitchell Clarke, M. A., M. D. (Cantab), F. R. C. P.; Professor of Pathology at University College, Bristol; Physician to Bristol General Hospital.

John Lane Company, The Bodley Head, has begun to issue a series of medical and surgical handbooks under the title The Practitioner's Hand-books. They are written by specialistss for the use of general practitioners and are under the general editorship of Harry Roberts. Each book will summarize our actual present knowledge of the subject dealt with, will criticize the general methods of treatment which have been suggested therewith and indicate the lines along which scientific treatment must be conducted. Diagnosis and prognosis also will receive attention. The aim of the books being entirely practical, pathology will be discussed only so far as it is necessary for a grasp of the principles of rational treatment. The books are illustrated from photographs.

The first volume of the series is devoted to "The Rheumatic Diseases" and has been entrusted to J. O. Symes, Assistant Physician and Bacteriologist to the Bristol General Hospital. The second is concerned with "Hysteria and Neurasthenia" and is the work of J. Mitchell Clarke, Physician to Bristol General Hospital and Professor of Pathology, University College, Bristol. The author gives special attention to the clinical aspects throughout. While keeping within moderate limits and giving the results of his own extensive observations he has omitted nothing of importance in the subject and produced a book that will be a great service as a practical guide. These two volumes are now ready, both fully illustrated.

Literary Notice.

The Vir Publishing Co. announces the publication of a booklet by Mrs. Emma F. A. Drake, M. D., entitled "The Daughter's Danger," which is designed to safeguard young women from the hidden dangers which lurk in the path of every young woman.

An idea of the enormous cost of the war to Russia may be gathered from the fact that the expenditure of the Russian Red Cross Society for the month of April alone was nearly $37,000.

THERAPEUTIC HINTS.

PHARYNGITIS.

In the treatment of the acute forms of pharyngitis, E. F. Ingals states that when the portal circulation is sluggish the occasional administration of salines and mercurials is indicated. Poor digestion must be corrected by bitter tonics. The following is recommended by some authorities applied locally:

℞ Argenti nitratis.....gr. xxx 2|
Aquæ destil..... ʒi 30|
M. Sig.: To be applied locally on a swab.

In applying this solution the tongue should be depressed as far as possible and the application made quickly from the lower part of the pharynx upward, by which procedure the whole pharynx is treated at once. Care must be observed that the solution does not come in contact with the epiglottis, nor drop into the pharynx, otherwise acute edema may develop and produce great dyspnea. In the chronic form of pharyngitis, Ingals recommends eliminants and tonics. Arsenous acid internally is also advised, combined with nux vomica, as follows:

℞ Acidi arsenosi.....gr. i |06
Ext. nucis vom.....gr. x |65
Ext. cascaræ sagradæ...gr. xii |75
M. Ft. capsulæ No. xxiv. Sig.: One capsule before each meal.

Locally he recommends the following as an insufflation into the nasopharynx in those cases presenting several enlarged follicles providing the surrounding mucous membrane is moist:

℞ Hydrastis muriatis...gr. xxv 1|65
Pulv. acaciæ q. s. ad....gr. c 6|65
M. Sig.: To be used as an insufflation into the nasopharynx.

In the mild cases local astringents are desirable, and for this purpose he recommends the troches of krameriæ compound, and the following spray to the pharynx:

℞ Cupri sulphatis...gr. x-xx .65-1|30
Aquæ .....ʒi 30|
M. Sig.: To be used as a spray twice daily.

When the foregoing treatment is not sufficient to effect a cure, cauterization of the follicles is recommended, using either nitric acid, chormic acid, or better, the galvanocautery and cauterizing only two or three follicles at a time. The treatment is repeated every four or five days.

As a local antiseptic, some authorities recommend the following combination:

℞ Tinct. iodi..... ʒi 4|
Acidi carbol.....gr. vi |30
Acidi tannici.....gr. xx |30
Glycerini q. s. ad.....ʒii 60|
M. Sig.: Apply with a swab two or three times daily.

Yeo recommends the following combinations in the treatment of the different forms of pharygitis:

℞ Acidi carbolici.....ʒss 2|
Cocainæ hydrochlor..gr. iv |25
Glycerini .....ʒii 8|
Aquæ rosæ q. s. ad.....ʒvi 180|
M. Sig.: To be used as a gargle or a spray two or three times daily in the acute forms of pharygitis; or,

℞ Acidi tannici.....gr. xii |75
Tinct. iodi.....m. v |30
Acidi carbol.....gr. xxx 2|
Glycerini .....ʒss 15|
Aquæ q. s. ad.....ʒiii 90|
M. Ft. lotio. Sig.: Paint the throat with this solution three times daily.

As a gargle in catarrhal angina the following is of value:

℞ Aluminis .....ʒiss 6|
Tinct. opii.....ʒss 2|

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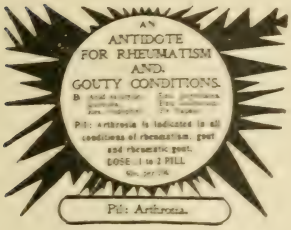

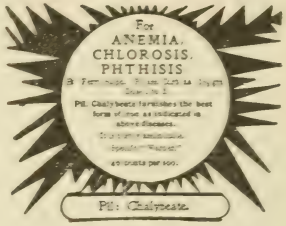

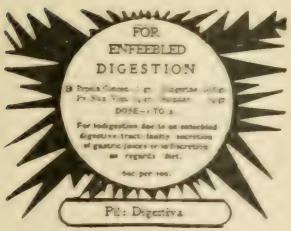

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Mellis .....3ii 8|
Syr. rosæ (B. P.).....3iii 12|
Aquæ q. s. ad.....℥viii 240|
M. Sig.: To be used as a gargle.

When the throat is relaxed and reddened the following may be used:

℞ Tinct. capsici |
Acidi tannici, aa.....3ss 2|
Infus. rosæ acidi.....℥iii 90|
Aquæ q. s. ad.....℥viii 240|
M. Sig.: To be used as a gargle.

In cases of chronic pharygitis the following combinations are recommended:

℞ Glyc. ac. carbol. (B.P.) 3iiss 10|
Acidi tannici.....3i 4|
Tinct. capsici.....3ss 2|
Infusi rosæ acidi q. s. ad.℥vi 180|
M. Sig.: To be used frequently as a gargle; or,

℞ Ammon. chloridi.....3ss 2|
Mellis |
Syr. rosæ, aa.....℥ss 15|
Aquæ q. s. ad.....3vi 180|
M. Sig.: As a gargle several times during the day.

INFLUENZA.

Wolfe recommends for the muscular and joint pains of this condition the following lotion:—

℞ Pot. carb.
Tr. bellad., of each, ℥ss.
Aq. camph., q. s. and ℥iv.
Sig.: Apply every hour. (Pennsylvania Medical Journal.)

IRON RING FROM HUMAN BLOOD.

It is said that M. Barruel, head of the chemical laboratories of Paris, wears on his finger what is probably the most remarkable ring in the world. Having in his time practiced much phlebotomy on human subjects, M. Barruel has systematically extracted chemically the iron from the blood collected. The metal was kept in the shape of minute globules or pearls, and at last the idea occurred to him to have these all welded together in ring form. (London Globe.)

EPISTAXIS.

The treatment of nose-bleed is local and the most reliable means available is plugging the nostrils with cotton which is saturated with adrenaline chloride 1 to 2,000. Compression of the artery on the upper lip near the nose by pressure against the jaw bone will often control the hemorrhage. (Southern Medicine and Surgery.)

WHOOPING COUGH.

No remedy is so satisfactory in diminishing the severity of the attacks of whooping cough as small doses of antipyrin—1 grain every three or four hours to a child of 2 years—the circulation and the condition of the skin being kept under notice during the administration of the drug. (Southern Medicine and Surgery.)

INFANTILE DIARRHEA, WITH GREEN STOOLS.

℞ Lactic acid dilute, m. iv.
Tincture lemon, m. i.
Syrup, ℥ii.
Water, ℥ii.
M. S.: A teaspoonful thrice daily after feeding. (Med. Conucil.)

AMERICAN NURSES.

Prof. Lorenz, referring to American nurses, said: "Never till I came to this country have I known what a woman could be in the way of a nurse. In Austria, they are women of little education. Here in America they are ladies—ladies! Never have I been so amazed. They are in aprons and caps, but they are educated, they are refined, they are charming. Never have I seen such a thing—never! You are so far ahead of us in this that I am lost in wonderment." (Jour. Med. and Sci.)

Lay Publication of Medical Matters.

The Cleveland Medical Journal commends editorially the action of many of the literary magazines and some weekly publications in their efforts to inform the public on matters pertaining to hygiene, sanitation and therapeutics. Notably among these is mentioned: *Ladies' Home Journal, McClure's* and *Collier's Weekly*—the small class having a tendency to ridicule the efforts of the profession to benefit the public carries less and less weight.

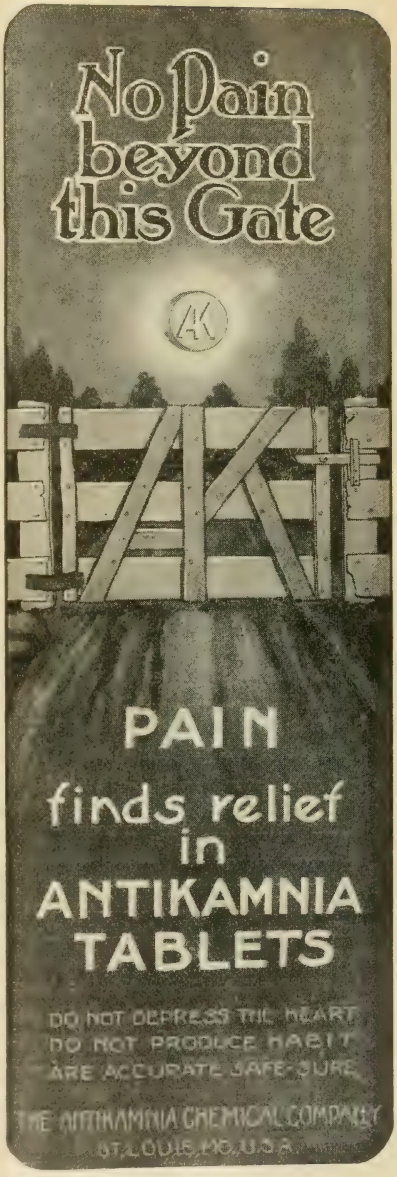
These efforts are doing good in the opinion of contemporary, in which we acquiesce, and believe these magazines and our daily and weekly press can be utilized to an advantage in like manner.

Crusade Against Abuses.

The Medical Mirror, for June, 1905, advocates a crusade of the profession of his State (Indiana) against the abuses perpetrated on the profession and medical journals in the matter of fees. The doctor must have compensation for his services. Bills for services should be collected monthly, just as merchants' bills are. Church and lay press should know that the medical profession is not a pack mule on which to dump their burdens when the charlatan and advertising quack has failed them. Respect is expressed for the clergy and lay editors, but the attitude of some of them on every new medical fad is condemned.

Literary Notice.

The Vir Publishing Co., Philadelphia, is about to issue a pamphlet entitled "The Bloom of Girlhood," by Pauline Page, designed for mothers to place in the hands of their daughters at the period when entering upon womanhood.



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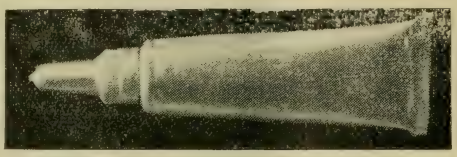

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MEDICAL NEWS AND ITEMS.

(Clipped largely from Med. Age.)

The first National Medical Congress of Cuba was held last month.

Regius Professor Osler sailed for England on the *Cedric* May 19th.

The plague epidemic in India is continuing with unabated violence.

Robert Koch is now in the interior of Africa, prosecuting his researches.

According to Public Health Reports, yellow fever is still present in Rio de Janeiro.

The next meeting place of the American Medical Association will be Boston. The newly elected president is Dr. Wm. J. Mayo of Rochester, Minn.

A Parisian physician announces that the low birth rate in France is due to alcoholism.

The Queen of Holland has given $100,000 to found a hospital for crippled children at The Hague.

The Illinois legislature recently made an appropriation of $75,000 for a new building for the Illinois Charitable Eye and Ear Infirmary.

$17,000 *for War Against Mosquitos.*—The Board of Estimates has made an appropriation of $17,000 to enable the Health Board to prosecute its campaign against the mosquitos on Staten Island. —Med. Record.

A Guillotine Experiment.—At a recent public execution at Orleans, the doctor in attendance seized the prisoner's head as it fell in the basket and shouted the man's name in the ear, whereupon, it is said, the eyes opened slowly and then closed. The same response was elicited a second time, but a third call was without effect. The incident, if authentic, affords an inter-

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CAROLINA MEDICAL JOURNAL
CHARLOTTE, N. C.

esting demonstration of the persistence of reflex nervous excitability.—Med. Record.

A New Superintendent for Bellevue Hospital.—Eighteen candidates appeared to take the civil service examination held for the purpose of selecting a new general superintendent for Bellevue Hospital. The Municipal Civil Service Commission will send the list of applicants who received the highest rating to the Board of Trustees of Bellevue and Allied Hospitals, and the trustees will select a new superintendent from the lot. The salary is $6.000 a year.—Med. Record.

The new health commissioner of Pennsylvania has the appointment of 10 district health officers for the State. These positions pay $2,500 a year each. There are 1,000 applicants for these 10 positions.

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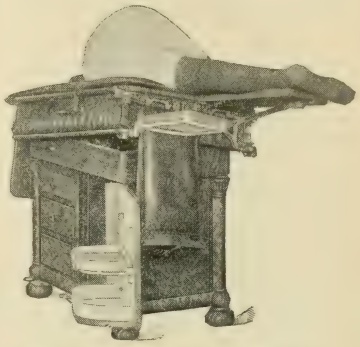

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Doctors' Fees Cut Off.—A source of income which for two years has provided 34 police surgeons of Philadelphia with a supply of spending money, has been cut off by Director Potte. This income was from fees paid by the city for vaccinating prisoners at the police stations. It is estimated that some of the surgeons received no less than $1,500 a year. Every morning the prisoners, before being taken away in the vans or before they were discharged, were turned over to the doctors for vaccination. Some of the station houses have no less than 25 prisoners to be vaccinated every day, and there are often 50 prisoners or more. A fee of 40 cents per head was allowed by the city for the physicians doing the work. During the winter months the number of prisoners is much greater than at other times. Hundreds of men in the cold weather seek lodgings in the police stations, and all of these "lodgers" had to meet the police surgeon in the morning. —Medico-Chi. Jour.

From October 2d to 7th next a grand international congress against tuberculosis will be held in Paris. The opening session will be held at the Grand Palais, the honorary presidents being M Casimir-Perier and M. Leon Bourgeois, while the President of the Republic is patron. A sum of 100,000 francs has been voted by the Chambers. The nature of the researches to be undertaken, the scope of the publications, and the official receptions which will be offered to those attending the congress will justify the effort which the State and the whole body of French men of science are going to make. The congress will not confine itself to the medical aspects of tuberculosis, but will also discuss the social side of the question, and will make an appeal for the co-

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operation of all classes of society in the fight against the disease. Twenty-five local committees outside of Paris have been already constituted, and thirty-three foreign countries have organized national committees. In connection with the anatomy and bacteriology of tuberculosis, together with statistical documents and literature concerning methods of prophylaxis and the like, there will also be a commercial and industrial section. The exhibition will be open to the public throughout the month of October.

As a sample of overcrowding in public institutions the Morristown (Pa.) Hospital for the Insane will do. There are 2,427 patients, of whom more than 400 are sleeping on cots in the corridors for want of dormitory space.—Maryland Med. Jour.

A Fatal Impulse.—An indignant Hebrew who had been treated at one of the city hospitals recently complained that while there the word "Fakir" was branded on his chest. On investigation it appeared that he was being treated for neuralgic pains in the chest with the thermocautery, and that while one interne was making the application, another doctor entered the room and remarked that the man was a fakir. In response to an unconscious impulse, as he alleges, the manipulator of the cautery traced the letters in question on the man's skin, an act for which he was summarily dismissed from his position on the house staff. According to one newspaper account of this affair, the thermocautery is an instrument by means of which particles of benzine are injected under the skin and ignited by an electric spark.—Med. Record.

At a recent meeting of the Board of Aldermen of New York, Vice-President Sullivan offered, according to the Med-

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ical Record, a resolution, which was adopted, calling on the Department of Health, the Charities Department, and the Tenement House Department to examine and report on the growing custom of landlords to refuse to rent houses and apartments to people who have children. The department also was requested to get an opinion from the corporation counsel to see if the landlords could not be curbed in their race suicide proclivities by the aldermanic power. After considerable debate the board adopted the adverse report of the Finance Committee on the appropriation of $1,000,000 for playgrounds for the public schools.

The sanitary conditions in Venezuela are alarming. A very long drought, nearly three years, has dried up all the wells about Maracaibo. The people are obliged to use the water of a highly-polluted lake. Yellow fever is very prevalent.—Maryland Med. Jour.

The Board of Health of New York City has received an appropriation of $250,000 for a City Consumption Hospital. On the property purchased near Mount Hope in Orange county 400 patients can be accommodated in existing buildings, and it is proposed to proceed at once in the care of consumptives, without waiting for the large hospital which is to be built.

Philadelphia is to have a house-to-house inspection by the health department. The inspector is to look especially after the health of infants. When parents are too poor to provide medicines and medical attendance for sick babies these are to be supplied by the city. Advice is to be given about the

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feeding of infants during the hot weather.—Maryland Med. Jour.

The Dr. Welden who created a great sensation two years ago by advertising for a healthy person who would sell an ear to be grafted on one of Dr. Welden's patients, was recently arrested in New York on a charge of obtaining money under false pretenses. He is a "beauty doctor," and some of the women whom he failed to beautify want their money back.

The plague mortality in India is now rapidly declining to the great relief of the civilized world. The plague mortality since 1900 has risen about as follows: In 1900, 90,000; in 1901, 282,000; in 1902, 574,000; in 1903, 852,000; in 1904, 1,040,000. The mortality for the first six months of 1905 promised a year's mortality equal to, if not surpassing, that of 1904. In Japan the disease is causing much concern. There have been several deaths from plague in Tokyo. Meanwhile St. Petersburg is exercised about cholera.—Maryland Med. Jour.

The new Pharmacopœia of the United States makes the following important changes which go into effect September 1st:

The strength of Tincture of Aconite has been reduced from 35 per cent. to 10 per cent., and that of Tincture of Veratrum from 40 per cent. to 10 per cent. The strength of Tincture of Strophanthus has been increased from 5 per cent. to 10 per cent.

These changes have been made in order to conform to the standards adopted by the International Conference on Potent Remedies held at Brussels in September, 1902, the object being to make uniform the strength of potent remedies in all parts of the world.

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Nutrition in Heart Lesions.

A most essential factor in the handling of cardiac lesions, either functional or organic, in proper nutrition. In fact, I know of no other disease where failure attends the proper selection of remedies so often as in cardiac trouble, the cause being due to improper feeding. In functional derangements, the most carefully selected remedies fail to bring about the desired result if the diet of the patient be improper or he be overfed, while in structural lines we are defeated before we begin if we neglect the nutrition. When we take into consideration that nearly every functional disturbance of the heart, in perhaps forty per cent. or more cases, can be traced directly to gastric intestinal disturbance, we will all the more rightly appreciate the great importance of a proper diet. In handling these nervous conditions or functional abnormalities, one can accomplish very little with medicine unless his patient's diet is properly selected. The diet should be one requiring little or no digestion and yet supplying in proper proportion a full quantity of the elements of an absolute nutrition. When we come to prescribe for structural lesions, we find the diet most important, for every organic lesions is not only aggravated by faults of digestion, but the nutrition of the organ itself relies largely upon the diet furnished. If we take into consideration the various valvular derangements, it will be found that the heart is able to do its work owing to compensatory changes that have gradually taken place, and that the case only becomes grave when compensation fails.

The chief aim in the treatment should be to maintain this stage of compensa-

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tion and while the drugs usually employed in these conditions bring about plete nutrition is supplied. In cardiac desired results in part, complete results are not obtained unless proper and comenlargement the same state of affairs prevails. To maintain the heart, when hypertrophied, a uniform degree of nutrition is most essential. In atrophy and dilatation we should endeavor to build up the heart tissue and such food as will supply the necessary elements should be selected. In fatty conditions of the heart a proper diet is most essential and should receive the physician's careful attention.

In the handling of all cardiac conditions, and my experience has been a large one, I have found that Bovinine was the ideal food and tonic. It does not over-stimulate the heart, but supplies sufficient stimulation. It gives to the system a proper proportion of every element of nutrition and a normal amount assimilable iron. Each individual case must be studied and the quantity of Bovinine administered, suited to that case.

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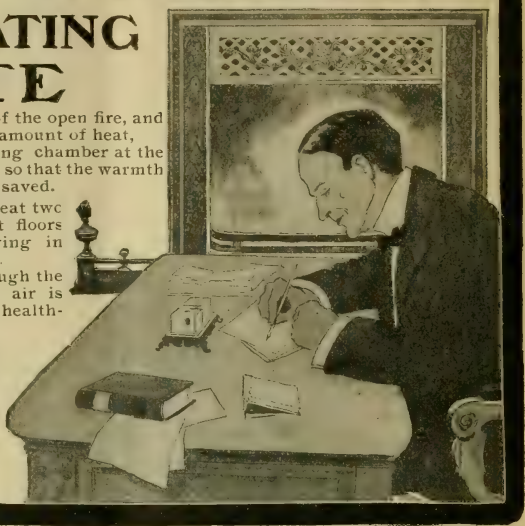

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irrigation of Thiersch solution. No matter what the cause of the ulcer be, it is wise where possible to confine the patient to bed with the foot elevated during the course of treatment; the limb should be firmly bandaged, extending from the toes to a point several inches above the ulcer. If possible, excision of the veins of varicose ulcer should be performed. Ulcers covered with unhealthy granulating surface or sloughing edges should be curetted, after which thoroughly irrigated with Thiersch solution, and dressed every twenty-four or forty-eight hours with a hot Thiersch pack. When the surface presents healthy granulation, applications of Bovinine pure should be made, changing them three times in twenty-four hours. The most careful toilet of the limb should be made at each dressing. As a rule, the basis of all chronic ulcers is made up of an unhealthy, granulating mass; consequently it is impossible to bring about a cure until this has been removed. It will be readily appreciated that an ulcer thus covered cannot absorb, consequently the great nutritive properties contained in Bovinine cannot be effective. This mode of treatment may be applied successfully to any form of ulcer no matter what its cause may be.

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2. Have no fear of night air.

3. Dress warmly and sensibly. Keep feet dry, and if they do get wet, change

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shoes and stockings as soon as possible.

4. Get out of doors as much as possible, rain or shine.

5. Avoid damp rooms. Also crowded, overheated or dusty places.

6. Avoid unnecessary exercise or exertion. Be moderate in muscular effort of every character.

7. Avoid excitement or prolonged mental strain.

8. Avoid excesses of all kinds, especially those of alcohol and tobacco.

9. Bathe often. Take warm baths with alcohol rub at bedtime, and lukewarm or cold baths with coarse towel rub in the morning. Take all baths with sponge; never get into a tub.

10. Drink from three to six glasses of good water every day. Cultivate the water habit.

11. Eeat good wholesome food. Avoid freak diets and eat meats once anyway and twice if possible daily. Have a system for taking food or nourishment like the following:

7 a. m.—Take one or two eggs beaten up with two ounces of milk, two tablespoonfuls of sugar and one tablespoonful of sherry wine.

8:30 a. m.—Take breakfast of fruit, cereal, steak, chop or eggs, baked potatoes, toast, coffee and a little malt extract.

10:30 a. m.—Take two ounces of unfermented grape or orange juice, with wafers.

12:30 p. m.—Take dinner of soup, fish, roast meat, vegetables, salads and dessert with cheese, nuts and some mild table wine like claret or port.

4:30 p. m.—Take cup of hot clam

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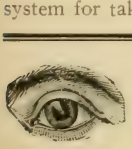

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buillon, beef extract or malted milk.

6:30 p. m.—Take supper of preserved fruits, toast or rolls, eggs or lamb chop, tea, chocolate or cocoa.

9:30 p. m.—Take cup of hot milk with a teaspoonful of cocoa or chocolate; or an egg beaten up with tablespoonful of sherry wine, and to which a cup of hot milk is added, the whole suitably sweetened.

12. Keep bowels regular with mild physic or injections of warm water.

13. Sleep at least nine hours daily—as many hours before midnight as possible.

14. Take utmost care of sputum. If you spit or expectorate use cloths that can be burned immediately before drying. A good plan is to purchase 50 yards of cheap cheesecloth, cut up into pieces four to the yard. Use these for spitting into and burn as soon as dampened or soiled, or if not convenient place in small paper bags for keeping until such time as whole—paper bag and all—can be burned.

15. Never swallow sputum.

16. Hold handkerchief or cloth before mouth when coughing, to save ejecting involuntarily small drops of sputum into the air.

17. Wash hands and face often.

18. Use some good antiseptic mouth wash from time to time and keep teeth scrupulously clean.

19. Take no drugs or medicines except those ordered by your physician.

20. Don't expect to get well in a few weeks. Time is an important factor in recovering from all chronic diseases, especially those of the lungs. Make a brave fight. Be cheerful and happy and look for favorable symptoms in the course of your disease. Strive to intelligently understand your condition and your personal needs.

21. Finally, remember that wishing never brings health, and your recovery depends not on what you want, but on what you do. Seek the right thing; do the right thing yourself and those with whom you will be brought in contact, and success will crown your efforts. Over half the battle is trying intelligently.—Vermont Med. Monthly.

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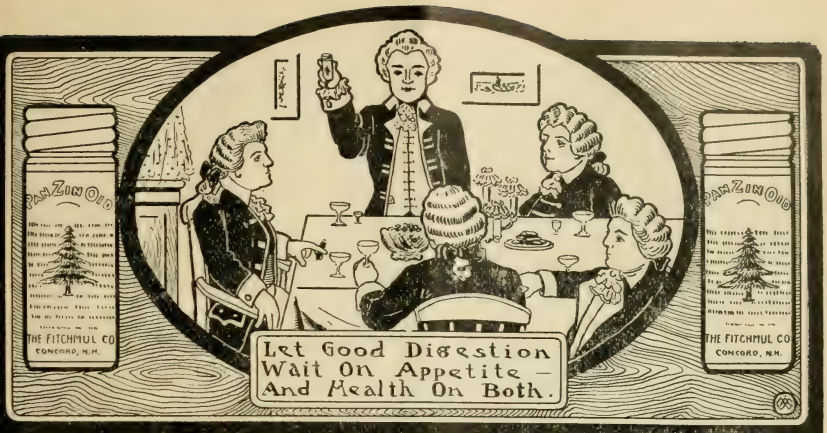

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becomes, in consequence, of paramount importance in all treatment. To neglect the one is to foredoom the other to failure, partial or complete.

THE PRIMARY EVILS OF INDIGESTION

—such as gastric and intestinal pain, fermentation and flatulency, hepatic torpor, constipation and malnutrition—invariably give place, if neglected, to organic maladies that accord in magnitude with the extent to which they are permitted to progress.

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however, is specific if administered promptly at the inception of any of these functional manifestations and affords permanent relief in organic conditions if its exhibition be consistently pursued.

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Dangers of Acetanalid.

An editorial in the June, 1905, issue of the *Journal of Medicine and Science* utters a note of warning in regard to the too prevalent use of Headache Powders. These are put up by almost every druggist in the land and sold indiscriminately. Any drug for the relief of pain is dangerous to be placed unrestricted in the hands of the laity. Headache is the natural sequence of the age of worry in which we live. Most if not all the powders and other remedies sold for this condition contain acetanalid. Its use for some time produces chronic poisoning, great mental and physical debility, with a pronounced cardiac weakness and a marked cyanosis, due to a destructive action on the blood cells. Many cases of sudden death from heart troubles have been traced to the use of acetanalids and like drugs.

This note is timely and only accentuates the conclusions of other observers of which there are many in the last few months. Our patients should be instructed of this danger.

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The Hygea Hospital to be Enlarged.

For the second time in two years, the Hygeia Hospital, Dr. J. Allison Hodges' Private Sanatorium, is being enlarged, owing to the increasing demands of the patients.

This is a hospital designed especially for the care and treatment of medical cases alone, and has met with marked success.

The present enlargement will consist of a three-story addition with fourteen additional sleeping rooms.

The Bath Department will also be remodeled and enlarged.

The Hospital will be closed during the month of August, and will be ready for the reception of patients on September 1st.

Physician as Governor.

California has a physician in the person of Dr. Geo. C. Parcell as its chief executive, and he recently vetoed a very obnoxious anti-vaccination bill. Following this his home county (Monterey) medical society passed resolutions commending his act and wishes for his continuance in office.

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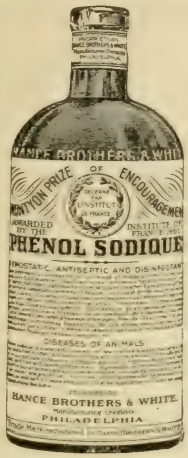

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Variety in Vaudeville—An Evolution Testifying to the Popular Preference for Decency and Good Taste.

Of the development of the vaudeville theater in America, Mr. Hartley Davis, writing in the August *Everybody's,* says:

"The evolution of the 'v'riety business' into vaudeville is one of the most cheering and significant demonstrations of a universal growth in intelligence and refinement. Also it is the most important development in American amusements during the past decade. It is a fine thing that the change should have come from the inside. The variety stage has worked out its own salvation without external reformatory pressure. It has become vaudeville. There is a real distinction; it is the difference between vulgarity and decency; between pandering to the depraved instincts of the few and providing clean amusement for the multitude. The variety show was an outcast ;vaudeville is an institution, respected and respectable."

A Doctor's Office.

Drs. Eagleston and Smith, the editors of *North West Medicine,* give a photographic cut in the June issue of this Journal of their office during the summer of 1889, just after a disastrous fire in Seattle. It is only a fly tent placed against a hardware store. The accoutrements are very limited—a desk and two chairs occupied by, presumably, the doctors themselves. It had its advantages in a free circulation of air and but little trouble to close up on leaving the office. We can learn a truth from this, that it is rather the man in the office than the office paraphernalia that counts for success.

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You will want to avoid the use of fats, salves, tar and other disagreeable applications, giving preference to

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The *Jour. A. M. A.*, for July 1st, treats editorially the free dispensary question in a different light from that of its evils to the profession in treating well-to-do patients. But few restrictions are placed upon dispensaries, and they are often but poorly conducted from the standpoint of medical services rendered. Those connected with medical schools are, some of them, well directed and offer facilities for training to students and care of the sick equal to any dispensaries in the world, while others are undirected, superficial and irresponsible, often being left almost entirely with the students without any supervision. These bring discredit on the profession, are of no use to the student, and fail to give proper care to the clientele, and some method of regulating them should be adopted.

Correspondence Schools for Nursing.

The *Pa. Med. Journal* for June, 1905, editorially (T-D) condemns the correspondence schools for nursing that are in recent months springing up in different sections, and calls upon the profession and the guild of trained nurses to discountenance them. The supply of nurses from hospital training schools is already equal to the demand, with prospects for a large increase in the number supplied. These schools issue circulars of gradeloquent character and misleading statements, and one such advises enrollment without *consulting friends* and does not even ask the age of applicant or stipulate as to the mental, moral or physical qualifications.

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3. Because the condition called *Anæmia* results from a form of malnutrition which is not caused by lack of any nutritive element, but by the absolute inertia of the digestive function.

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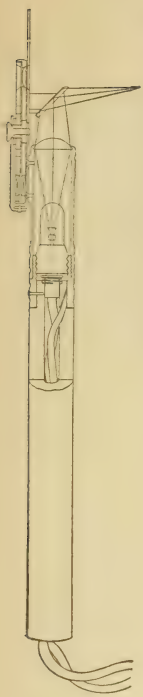

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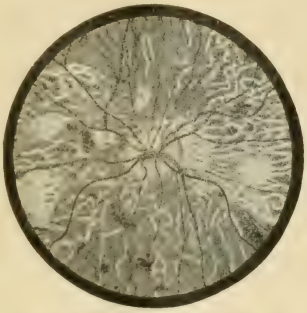

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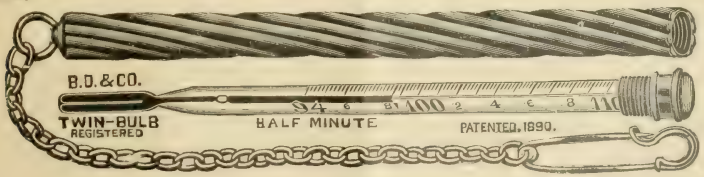

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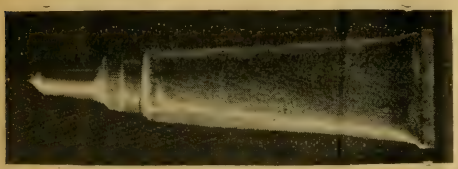

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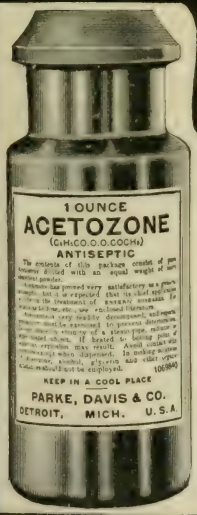

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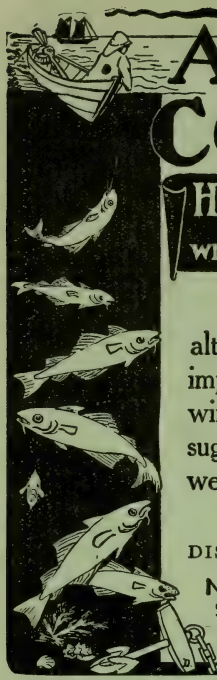

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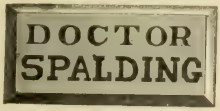

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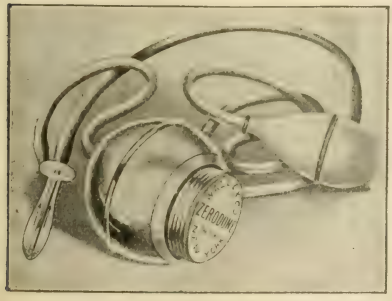

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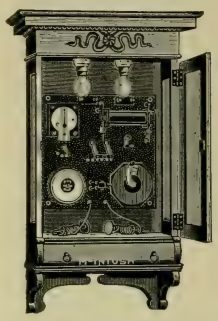

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ORIGINAL COMMUNICATIONS.

Exophthalmic Goiter.*

By L. M. Stevenson, M. D., Mooresville, North Carolina.

Exophthalmic Goiter is a rare disease; so much so that the compilers of vital statistics left the per cent. column blank in the U. S. census reports when the last census was taken. Parry was the first medical writer to give a description of this disease. He saw and described eight cases. His first case was recognized in 1786; in this case the exophthalmos was prominent. He wrote the history of these cases in 1825. Osler calls it Parry's Disease. He says that if any man's name is to be connected with it, it should be Parry or Bath. Graves described this affection in 1835. Many writers call it Grave's disease. Basedow, a German writer, described it very minutely in 1840, and the German writers call it Basedow's Disease. That class of writers who try to blend anatomy and pathology in their nomenclature call it Exophthalmic Goiter.

It is sometimes acute, but mostly chronic in form, and has four cardinal symptoms:

First, marked irritability of the heart—tachycardia.

Second, change in the size of the thyroid gland—goiter.

Third, exophthalmos; and

Fourth, muscular tremors.

This disease is more frequent in females than in males; in two hundred cases tabulated by Eshner 161 were in females. Some writers believe it to be a pure neurosis and support this opinion by noting cases that sometimes come on suddenly from violent fits of emotional excitement and present no lesions after death. Others are of the opinion

*Read before the Iredell-Alexander Medical Society, August, 1905.

that it is a nervous disease of central origin, and in a few autopsies lesions have been found in the medulla oblongata.

Of late years it has been urged—particularly by Moebius and Greenfield—that exophthalmic goiter is primarily a disease of the thyroid gland—Hyperthyrea—in antithesis to myxedema—athyrea. Osler says the clinical contrast between these two diseases is most suggestive. The increased excitability of the nervous system, the flushed moist skin, the vascular erythism, in the one; the dull apathy, the low temperature, slow pulse, and dry skin, in the other, are striking opposites. Overdoses of thyroid extract have produced symptoms similar to exophthalmic goiter—tachycardia, tremors, headache, sweating and prostration. Beclere has recently reported a case in which exophthalmos developed after an overdose of thyroid extract. Myxedema is usually benefited by thyroid extract.

CARDINAL SYMPTOMS.

Heart hurry is generally the first of the cardinal symptoms present. The rapid heart action is one of irritation, not weakness. The pulse is throbbing, and easily felt in the abdominal aorta, in the carotids, and in all of the superficial arteries, and sometimes in the veins. The pulse varies from 90 to 180 per minute. The violent heart action is very perceptible to the patient and is one of the most annoying symptoms. Any kind of mental excitement causes great acceleration of the pulse.

Emotional excitement, such as fright, anger, or sorrow, has the most marked effect on the tachycardia. Sudden fright, violent rage, or deep sorrow, each has been credited with bringing on this disease.

There are in some cases heart murmurs. These are generally from anemia, but sometimes from organic troubles of an independent origin. The tachycardia of exophthalmic goiter is purely functional, not organic. A long continued heart hurry of such force as we find it in this disease might produce in time hypertrophy of the muscular heart structures. Hypertrophy is sometimes present. Dilatation often follows hypertrophy and is sometimes present in this disease.

Goiter is generally the second symptom in appearance; it is never great, often quite insignificant, is soft and fluctuating in size, and is generally larger on one side of the trachea than on the other. When heart hurry is violent it is larger, when the heart is comparatively quiet it is smaller. Writers claim that an arterial thrill is generally perceptible through the stethoscope.

Muscular tremors, and protrusion of the eyeballs generally, appear simultaneously. These tremors are in muscles of the limbs and trunk; are in the form of vibrations about eight to the second and are of much diagnostic value.

The protrusion of the eyeballs fluctuates, as does the goiter. Sometimes the balls are so prominent that the lids fail to cover them and foreign substances, as dust, cause ulceration of the cornea. Both eyes are always affected, sometimes one more than the other, but never one alone. The pupils and vision are unaffected.

The protruding balls are supposed to be displaced by the abnormal dilatation of the blood vessels of the orbit. After death the protruding balls recede to their normal position.

The rythm of the movements of the eyeballs and the eyelids is interfered with. When the patient looks directly down the lids fail to follow the motion of the eyeballs as in health. This

is called Graefe's Symptom and is of much diagnostic value. A person with exophthalmic goiter, if the exophthalmos is present, presents a peculiar staring appearance which once seen is never to be forgotten.

Other nervous symptoms are common, such as headache, vertigo, and feelings of weakness and prostration. Hot flushes are often complained of, with breaking out of sweats.

These sweats are sometimes confined to one-half of the body. In acute cases, and in acute outbreaks in chronic cases, violent vomiting and ungovernable purging often eventuate, and often cause death. The only fatal case the writer has seen died from the vomiting and purging.

This disease is generally found in families of the nervous type and seems to be in many instances hereditary. It is a disease of mid-life; children and old people are, as a rule, not attacked. Very little fever occurs in these attacks and melancholia is oftener present than hysteria. Pregnancy seems sometimes to cause an attack.

The duration of this affection in chronic cases is measured by years, and recoveries are sometimes reported. In acute cases the duration is about a week and several cases have been reportd where death occurred in two or three days. Acute cases often become chronic.

The pathology is unknown, but some have held it to be a pure neurosis; others that it is caused by lesions in the central nervous sympathetic system; others have held that it is a toxemia of unknown origin.

The latest theory is that held by Moebius and Greenfield: that it is primarily a disease of the thyroid gland, the perverted action of which amounts to a toxemia. Then contend that the thyroid gland has a function which is physiological until it is perverted, when it becomes pathological. Whether this perversion is anything more than simple thyroidation increased in amount, or whether some change in this thyroidation other than an increase, is a question which has not been answered. This theory of hyperthyroidation is the only one with which we can reconcile all of the symptoms. If we assume that a lesion is present in the central system causing excitation of the sympathetic, we can account for the rapid heart action and the exophthalmos, but we cannot account for the goiter. If we assume that a central lesion is paralyzing the sympathetic we can account for the goiter and the exophthalmos, but cannot account for the heart hurry. But if hyperthyroidation amounts to a toxemia, this would account for all of the symptoms. This is the most reasonable theory that has been advanced.

TREATMENT.

The treatment of this disease is very unsatisfactory. The patient should be kept in bed and protected from all causes of mental or emotional excitement. An icebag to the chest is the most reliable remedy for the tachycardia. This can be supplemented by occasional doses of digitalis, stropanthus, aconite, or veratum. Nervous symptoms require the moderate use of the bromides and chloral and sometimes morphine hypodermically administered. Where there is vomiting or purging, such remedies as are used in other forms of these troubles are indicated. In the interim between exacerbations, tonics are indicated. The older writers recommended removal to a higher altitude.

About a dozen of cases have had part of the thyroid gland removed, in accordance with the pathology of Moe-

bius and Greenfield. Four cases recovered, one died, the others were transiently benefited. The accessory thyroid glands in other portions of the body may be affected also. If this be so, surgical interference can be only a partial success.

The above dozen of cases are those mentioned in the latest published text-books, and of course are authentic. During the last year the Medical Journals of the country have reported two hundred operations, claiming seventy-five per cent. of cures.

These may not all have come from a strictly reliable source and the time has been too short to distinguish a transient from a permanent cure, but let us hope that we are approaching a sound pathology and a successful remedy for this obscure disease.

The Menopause.*

By W. Londes Peple, M. D., Richmond, Va., Prof. of Histology, University College of Medicine.

The term menopause simply means the cessation of the menstrual function. It is neither a broad nor a comprehensive term, for it takes no account of the function of ovulation. It is far less misleading, however, than such synonyms as climacteric, critical time, change of life or climacteric disease, which would lead one to believe that, if not a period of actual pathological changes, it is at least a time strewn with difficulties and beset with hidden dangers.

The ancients gave scarcely more space to this interesting subject than the modern text-books on gynecology. "The Humoral Pathologists believed that the humors or juices of the body arose like gases and that they often settled on the brain and produced great disorders which required abstraction from the head, arm, foot or other part." Hippocrates observed that "Cessation of the menses gave rise to exulcerations, violent and often scirrhous tumors of the uterus."

The French have probably given more study to the subject than the writers of any other nation. Tilt was the first to give a complete and comprehensive work on the subject to the English speaking people. His book, entitled the "Change of Life," the third edition of which appeared in 1871, while false in many of its premises and illogical in many of its deductions, is a very treasure trove of statistics written with all the charms of a novel. When we compare its grace of style, bearing in every line the imprint of the author's personality, with the cold latter day presentation of facts, it makes us regret the passing of the old order to give place to the new.

The artificial menopause was not described at length by these older writers, for, fortunately, ovariotomy was not so common then as now. "The Menopause," by Currier, of New York, published in 1897, is one of the best, and is the most recent book that I have seen upon the subject.

The menopause is a period of one to four years, occurring in the fifth decade of a woman's life, during which time menstruation becomes irregular, wanes and ceases, while the power of ovulation fails. It is physiological in its nature and not pathological. In it are set up the last few milestones of the child-bearing life. These should be passed by a normal, healthy woman as easily and as painlessly as those nearer the beginning or end of the journey. It is the autumn of life when the harvesting is done and the grain is being garnered, and not the blustering equinox with its sudden desolating storms.

*Read before the Richmond Academy of Medicine and Surgery, July 11, 1905.

The structural changes that take place in the generative organs are atrophic in nature. The ovary contracts, the blood supply is diminished, the Graafian follicles disappear and the organ becomes small and cirrhotic. The uterus shrinks with the increase of connective over the muscular tissue, and there is a consequent diminution of the blood supply. The vagina and vulva suffer atrophy and relaxation. The breasts, also, to some extent, share in these changes, the connective tissue preponderating over the glandular, making them less rotund and more pendant.

The signs of the menopause, under normal conditions in a healthy woman, consist, first, in irregularity of her periods, the so-called dodging or skipping time. She misses a month; again, she misses two or three or the monthly character is lost, and the flow comes on at utterly unaccountable times. The amount of blood lost is very valuable, being scant at times, and at others very profuse. Thus she goes on, the periods getting further and further apart until they cease altogether. There are instances in which the flow is regular until it stops at a period to appear no more, but these are rare.

With exception of flushes of heat, a little nervous irritability, or the customary inconveniences of menstruation, she has experienced nothing unusual. Indeed, the primitive types, such as our Indians, are not aware that anything out of the ordinary is taking place. Such, then, are the accompaniments of the menopause in the normal woman.

But all women are not normal, else there were books both of poetry and prose; and so it is the purpose of this paper to recount some of the more pronounced departures from the normal. So many and so varied are these that it is a difficult task, in so short a space, to grasp and group them; for after all a book upon the subject is but a report of cases.

Before going into the symptoms of the menopause, let us remember that millions of women are always passing through this so-called change of life, and that the number of these who are sufficiently troubled to apply to us for relief is extremely small indeed. We must also remember that forty-five is the high point of our life curve, and that after it, the jagged line shows a slow but steady decline. It is the age of arterial degeneration. It is also the age of cancer. Thus we see that many ills which are attributed entirely to the menopause might easily affect men of the same age.

There are many conditions which have an important bearing on menstruation, and hence act as modifying factors upon the menopause. Though forty-five is the average age at which it is completed, instances are on record in which menstruation has ended as early as seventeen, and persisted as late as one hundred and four.

Climate influences it materially, for the women of southern countries mature, bear children and decay far earlier than those of colder regions.

Obesity seems to bring an early menopause, probably from defective circulation. Fat women show this tendency in the amenorrhea which is so common to them.

Wasting diseases such as tuberculosis, diabetes, long continued suppuration and profound anæmia, all tend to bring the function to an early close.

Rapid child-bearing in a young woman has the same effect by seemingly exhausting the reproductive function.

Heredity plays an important part in giving an early or late menopause, for in many families we see the women of several generations presenting the same

peculiarities with regard to their menses.

Destructive disease of the pelvic viscera, such as pus tube, pelvic abscess, tuberculosis and tumors or cysts of the ovaries, may stop the menstrual flow; though we are, at times, startled by the presence of little mangled remnants, to see it proceeding regularly and naturally.

Temperament is also an important factor in its bearing upon the menopause, for the high-strung, neurotic woman who has suffered with her menses, is far more liable to have a stormy menopause than one of plethoric temperament who has little difficulty with her periods. Indeed, I have seen but one negro with a morbid menopause, and she was for years maid to a lady who knew much of such matters.

Neoplasms of the uterus, by increasing its weight, by increasing its vascularity and by mechanically preventing normal contraction of body or cervix, not only aggravate the normal flow, but inaugurate bleeding at irregular times. Thus, by stimulating the "skipping time," they lead to a false sense of security and to irremediable delay.

The symptoms of the morbid menopause may for convenience be grouped under three general divisions: The local, the vaso-motor and the nervous. To these might be added the gastro-intestinal syymptoms which are probably after all reflex in nature.

The Local Symptoms. — There is nothing characteristic about the menstrual pain during the menopause. The same pains in the back and loins, the sense of bearing down and dragging at the hips are all duly recounted. Vaginal atrophy and relaxation, in the presence of a vaginal tear, often cause or aggravate a prolapse of the uterus with accompanying sagging of the rectum and bladder.

Hemorrhage is by far the most important symptom of the menopause, for early recognition of its cause often means the life of the patient. Women at forty-five bleed irregularly. Women at forty-five often bleed copiously. Women at forty-five often bleed when menstruation has seemingly ceased.

I have named the cardinal symptoms of cancer.

That copious bleeding in the absence of discernible lesion may occur at this time cannot be denied. The fact that physicians know it to be rare does not alter one whit the deep-rooted belief in the lay mind that it is not only frequent but perfectly natural. I recently saw a woman about this age, with a polypus the size of the thumb, dangling from the inner os, and propping the cervical canal wide open. The bleeding was profuse and well-nigh constant, and yet she was in no way alarmed, but was waiting as patiently as she might for the time of her deliverance.

We might multiply cases indefinitely of fibroids, ulcerated tears, endometritis, polypi and cancer, in which the patient is slowly but surely bleeding to death in complete if not blissful ignorance, believing a local disease to be but the passing of an unwilling function. If copious bleeding calls for an examination at thirty-five, then hemorrhage at forty-five fairly pleads for it in the name of pity.

Vasomotor symptoms are, of course, referable to the nervous system through the sympathetic, but so pronounced and so frequent are they that separate consideration is given to them.

Of all the accompaniments of the menopause, the hot flush is the most constant. It consists of a sudden flush of heat, which covers the face and neck like a blush, or even pervades the entire body. It quickly passes, and is usually followed by sweating. They have

received many names, as "hot flashes," "hot steams," etc., and in the artificial menopause they are seldom absent. They may persist for a year or more after menstruation has stopped. Palpitation of the heart and the feeling of fullness in the head are also attributed to disturbances of the sympathetic system.

The Nervous Symptoms.—Paralyses and degenerations were, at one time, commonly thought to be directly traceable to the menopause, and abundant statistics were collected to substantiate this belief. We attribute them now to degeneration of blood vessels, fibroid invasion of nervous tissue or degeneration of nervous tissue from some constitutional disease or taint. Our heading is therefore restricted to the psychic or functional disturbances of the nervous system which, unquestionably, do occur at times as a consequence of the menopause. These symptoms are as varied in character as in degree, embracing all the concomitants of suppressed menstruation, and ringing all the changes from mild hysteria to mania.

For that bewildered half dream, well known to the bilious (a state of altered relations with one's surroundings, as though seeing hazily through a veil of smoke, hearing but dully or watching one's self from afar go drowsily through accustomed duties), Tilt long ago coined the ingenious word "pseudo-narcotism." Among the few cases I have seen it has been a prominent symptom; nor do I think I have confused it with gastro-intestinal auto-intoxication which gives the same train of symptoms.

In one case the most annoying symptom complained of, in addition to pseudo-narcotism, was a feeling as though the sinews of the neck were being drawn as a child contracts the claws of a hawk's foot by pulling on the tendons. In the past year, I have seen two cases, both predisposed, in which marked disturbance of the mental faculties followed hysterectomy. Though many forms of insanity are encountered during the menopause, melancholia is the one oftenest met with, and happily, the prognosis is far better when this is the cause, than under most other circumstances.

In passing, it might be well to mention the gastro-intestinal disorders that are frequently associated with the menopause. They consist of fermentative dyspepsias, and are accompanied, at times, by uric acid explosions with decided rheumatic or gouty symptoms.

As to the care of patients undergoing a morbid menopause, few general rules can be laid down, for the treatment must, of necessity, be more or less symptomatic. Every means should be used to bring the system to par, and there to maintain it. This can be done by the use of nourishing food, fresh air, tonics and reconstructives.

Tears of the cervix should be repaired to lessen local irritation and the possibility of reflex trouble, and also to guard against malignant invasion of the cicatrix. Tears of the perineum should receive attention, for with vaginal atrophy, prolapse is apt to supervene. In short, every possible source of local irritation should receive intelligent attention.

Hemorrhage is a troublesome and at times an alarming symptom to deal with, for, as stated, it may not be dependent upon a recognizable local cause nor will ordinary methods check it. Absolute rest in bed, with hips elevated, hot antiseptic douches and nerve sedatives should be tried, and in one accustomed to these floodings, the period should be anticipated. When a fibroid is causing bleeding at this age, we

should not be too precipitate in advising hysterectomy, for many of these cases, if patiently and judiciously handled until the menopause is passed, will not only bleed no more, but the tumor will undergo shrinkage with the uterus so that the patient is in far greater comfort than for years.

The vasomotor disturbances do not offer a field for brilliant results; but by the use of hot douches, hip and foot baths, when these symptoms are especially annoying at an overdue period, considerable relief may be experienced.

Treatment of the nervous symptoms includes all that has been suggested to put the patient in as good physical condition as possible. For the hysterical cases, with their manifold aches, pains and morbid sensations, general massage may be used with usually good results. Static electricity has proven in my hands a most useful agent in these cases. Whether its unquestionably good results are due to any intrinsic merit it may possess or to the profound moral impression produced by so much revolving glass with the prickling of blue sparks, I could never determine. But that it does give them remarkable relief I know.

Though we are, of course, adverse to giving sedatives to these chronic cases, there will be times when we cannot do without them. The old mixture of the bromides of soda and ammonia, with aromatic ammonia and camphor water will here be found valuable.

Some of these poor patients, in their vacillating depression, live on the borderland of insanity, and the support of a strong personality, the trust and confidence gained, is of more value than all the therapeutic agents under the sun. It is here that the physician is in his highest sphere.

When the mind is overthrown, these cases must be treated according to the type of insanity they assume. But it is seldom, if ever, advisable to treat these cases at home, or in familiar surroundings. In the hands of strangers, under a new environment, their recovery is at times remarkable in its rapidity and completeness.

Marasmus (Malnutrition) and a Treatment Therefor.

By George H. Chandler, Chicago, Ill.

Whether or no we accept the theory that atrophy of the intestinal tubules exists in every case of marasmus, we cannot shut our eyes to the fact that every other portion of the unfortunate child's anatomy does "waste" and that steadily and despite treatment of the ordinary type.

One of the most exasperating and puzzling forms of the malady is also the most readily remedied; and it is the reporting of a case of this type which inspired this article.

A correspondent writes the author and describes a case in his practice which has failed to respond to any treatment whatsoever; the child was from birth normal in appearance and appetite; its passages were regular, it slept and took its food with relish, and for a while gained as infants should gain in weight. Then without any appreciable reason it suddenly stood still; the scales showed each week that not an ounce had been gained and the face became more and more bloodless. Finally there was a loss of weight, and then the parents and doctor both became equally concerned. Tonics—iron, oil, etc.,—were tried but without avail, and finally as stated the writer was asked to suggest a line of treatment. This he did and his main suggestion was: "Take the child from the breast and give it for two months a diet of predigested cereal gruel, with cream and milk added in increasing propor-

tion. The only medicines necessary will be quassin and juglandin—with, perhaps, calcium lactophosphate subsequently."

The doctor kindly but firmly declined to take this advice, stating that the mother was healthy and had "lots of milk," and he believed that though she was blond and somewhat anemic, she was able to furnish better sustenance than could be secured elsewhere. Later, perhaps, when he has had several of these cases "pass over," he will realize that the modern mother may have "lots of milk," and that a child can starve to death on it—even were it able to absorb twice the amount. Some women's milk is nutritious for a week or two after delivery, but then loses gradually all its nutritive qualities, and within two months is really little better than water.

To enter into the matter of analysis, etc., would take too much space, and the whole subject is dealt with in any good modern work upon Infant Feeding. Suffice it to say that "mothers' milk" is not necessarily the best food for a child, for the mother may be herself unable to assimilate her own meals. Blond women are especially liable to yield poor milk, and though there may be plenty of it, its quality may be of the poorest.

If, therefore, you find a breast-fed infant gradually lose weight, take it away from the breast and put it upon one of these foods. Boil two or four pounds of the finest wheat flour, tied tightly in a cloth, for four full hours. Undo the cloth, split the skin of paste which will have formed and remove carefully from the dry hard ball of flour within. Break this into two or more pieces and grate or roll it to a fine powder. Bottle for use. Of this take one heaping teaspoonful, add milk sugar one teaspoonful and a pinch of salt. Mix to a cream with a little water and then add six ounces of milk and an equal amount of water. Bring to boiling point in an enameled pan and feed the usual quantity for age.

This is for the three months old child. For some few children it is best to reduce the milk by one ounce, substituting water. In other and older children the reverse may be the case. For the infant of six months old, or up to nine months, use a tablespoonful of flour to half a pint of water and the same of milk. If there is any constipation, substitute oatmeal water for water; and if weight does not increase as it should, add cream one teaspoonful per month of age.

This food the writer developed for one of his own children, and he has used it or ordered it in the most desperate cases, and not yet has it disagreed—and in at least a score of these instances every other food tried failed. The second food is really similar, but is *predigested*. A fluid digestant is on the market called Cereo, and any ordinary gruel (wheat, rice, barley or oatmeal) can be almost instantly rendered absolutely assimilable by the addition of a teaspoonful to the pint. Children who cannot retain the slightest suggestion of milk food will get fat on this predigested cereal food. It is excellent in the summer diseases of the intestines and allowable even in *cholera infantum*.

Gradually milk may be added, or, if there be no disease save malnutrition, given from the first.

Quassin and strychnine arsenate may be given thirty minutes before each feeding—preferably in solution, and in a little simple elixir. The effect is marked and prompt, and if one hour after food a tablet of calcium lactophosphate (alkaloidal) is given, the marasmic child will soon put on flesh in an

amazing manner. The "rickety" infant will develop normal conditions of body and mind upon this regimen, which should be continued until the conditions are thoroughly under control and the weight has been markedly increased. Then there may be a return to mixed diet (in older children), though the first described food can be continued with the addition of an egg, or rusk, or brown bread crust, bone, etc., until the child is a year old. Remember that most cases of "marasmus" (non-tubercular) are really due to inability to digest (assimilate) the food ingested. Give the child the food that *can* be assimilated, and remove the necessity for digesting starches, and you will *not* have marasmus. Here, then, the predigested food is essential.

In other cases the food itself is at fault (even though it be straight from "Nature's Fount"), and the child will inevitably die if it is not taken from the breast or improper food and placed upon something which has been proved time and time again to suit the conditions which exist in just such cases. The writer has carefully and diligently tried every food and combination of foods known, and finds that the formula given is really better by 100 per cent. than any or all of the widely advertised and highly lauded "patent foods" on the market. Moreover, it is cheap, and the most stupid or illiterate mother can prepare it. The problem of feeding the marasmic or weakling infant is a difficult one to most men; if the suggestions here given are carried out there will be no trouble whatsoever.

SELECTED PAPERS.

Humanity and Common Sense Versus Idealism in Veneral Prophylaxis.

By G. S. Peterkin, M. D., Seattle, Wash.

The problem of venereal prophylaxis is not a simple but a complex one, presenting innumerable hygienic, sociologic, economic and moral questions the solution of which is of vital importance to the well-being and evolutionary progress of the individual and nation.

Among races, sects and individuals an apparent irreconcilable variance now exists, not only concerning the extent and degree of the detrimental influences of immorality and its sequelae, venereal diseases, but especially concerning the mode of prophylaxis to be adopted. This is mainly due to the fact that the ethical question of morals is interwoven with every phase of the question of prevention of venereal disease and that humanity but indistinctly recognizes that the law of nature, governing man's moral acts, demands that every man, because endowed with a mind that possesses individual volition and reason, must make his own morality. Hence it is essential that he be rendered capable of making it for himself. To do so, he must be enlightened, guided, advised, and placed in a position to judge so that theory may determine a practice that suits him.

The existence of immorality is due primarily to the existence of the sexual instinct. The theories of prophylaxis to be proposed, to be adaptable and useful, must be governed by a knowledge of the workings and purposes of the law of sexual instinct. To propose and present theories, moral and hygienic, is the only practical and rational method of venereal prophylaxis that can be established, at this period of evolution.

Since minds are brought into agree-

ment by furnishing them with universal and necessary principles, while principles of moral action, like truth, cannot be imposed by brute force, but must be proposed by some, accepted by others and thus become common through free adhesion of minds.

This preamble is essential as an introduction, for in it are stated the facts and principles that demonstrate the potentiality by which man's actions are governed when dealing with this subject.

To simplify and limit the discussion, I shall state in definite terms the essential and basic principles upon which the system of venereal prophylaxis to be outlined will be constructed.

And I will try to reason logically and govern my reason, not by principles of wisdom, the valuation of which depends upon their beauty and elevation of thought, but by principles drawn from scientific study and observation of man and society as they now are, and history shows them to have existed.

THE ESSENTIAL AND BASIC PRINCIPLES.

1. Venereal diseases are detrimental to the evolving of every individual.

2. The object of venereal prophylaxis is to aid all humanity in its evolutionary advancement.

3. Prostitution and venereal viruses cause venereal diseases.

4. Prostitution has existed always and will continue to do so indefinitely.

5. Every human being possesses the absolute right to make his own morality and, as a woman is a human being, she has a right to prostitute herself as well as man.

6. Man does not possess the power to create, control or destroy eternal organic laws of nature, by means of statutory or constitutional laws of his own creation.

7. Prostitution is dependent for its existence upon an eternal, organic law of nature, essential to life, the sexual instinct that is given to man for two reasons, to perpetuate the species and to rivet the tie between husband and wife, not only by offspring, but by mutual endearment.

8. Venereal virúses are potent instruments in the law of evolution, created by nature as a protective force to defend the law of sexual instinct from transgressions or perversions of its principles. They act by aiding the fit to survive, by destroying or rendering sterile the unfit and the ignorant.

9. The sexual instinct every human being possesses, even in the purest; it is of necessity an alloy, made up like ourselves of body and mind, the grosser so influxed with the more ethereal that the one finds its most passionate expression in the fruition of the other.

It has been stated that organic laws of nature can not be controlled by constitutional and statutory laws of man, and prostitution and veneral viruses, as entitities, are parts of an eternal organic law, the sexual instinct. Therefore prostitution and venereal viruses cannot be controlled by constitutional or statutory laws of man. In other words, the idealism, total suppression or reglementation of prostitution by the enactment of constitutional and statutory laws, are practical impossibilities.

Proceeding and analysing the law of sexual instinct for the purpose of obtaining a working hypothesis, the following may be deduced and accepted as true, that the law of sexual instinct is an immutable and eternal physiologic law, and veneral diseases are but pathological results, due to transgressions of its principles by man in the making of his own morality, which he must

make for himself. The remedy is now self-evident; it lies in teaching the individual to understand the workings of the law of sextual instinct, that he may comprehend its character and the practical advantage of complying with its demands.

Inasmuch as immorality is the voluntary right of an individual, and sexual intercourse is animated by an immutable and powerful physiologic law, and education must be selected as the only means of controlling immorality, the power of education to control will depend upon the extent that true facts and principles can be produced that will demonstrate to the individual mind.

First, Immorality is contrary to the law of self preservation, that is, causes chronic ill health, immediate or remote, and death;

Second, Immorality does not bring but diminishes an individual's happiness, and limits his ability to mentally and physically enjoy the great benefits and pleasures to be obtained from normal sexual intercourse;

Third, Immorality acts contrary to the laws of evolutionary advancement, necessitating degredation of mind and body.

Educational methods which aim to prove these truths may be aided by sociologic, economic and legislative means, as "Labor laws that provide that the minimum rate of wages for female employees over sixteen years of age shall not be less than a sum sufficient to keep such a person in food and clothing, according to the prevailing social condition to which such employee is reasonably entitled; divisions of the sexes in work shops; working women's and men's compulsory sick-benefit, accident, invalid, and old age insurance societies and mutual aid and loan associations for industrial workers, to tide them over in time of non-employment; asylums, where the friendless working women could find accommodations at nominal rates or, where in temporary embarrassment or out of work, they could be accommodated gratuitously in lieu of some work exacted from them; better housing facilities, shorter working hours, extension of the eight-hour law as constituting a day's work. In addition, industrial schools, cooking and servants schools, etc., should be established."

Such means will illustrate at present the proper uses and limitations of constitutional and statutory laws, when dealing with this subject of prostitution and venereal diseases.

Returning to the object of this paper, the consideration of the means of educating the individual, the following is suggested: The stating of scientific facts in a systematic, concise yet acceptable manner, so that men and women, knowing them, will see the necessity of protecting themselves and in so doing will limit the spread of venereal diseases. These facts may be arranged in pamphlet form, under the following headings:

PAMPHLET I, FACTS FOR ALL MEN.

First, Continence, if mental and physical, is not incompatible with health and can be maintained.

Second, Nocturnal emmissions (wet dreams) are normal, and in normal men do not indicate disease, though the contrary may be the case in an immoral man who has suffered from an attack of clap or gonorrhea.

Third, Immorality degrades man mentally and physically and renders him incapable of attaining the greatest possible benefits and pleasure from the very object whence he seeks to ob-

tain them, sexual intercourse. Facts and illustrations essential to prove the truth of statement three would necessitate the consideration of the part that the mind plays in sexual intercourse, and the subject of mental hygiene. Time is limited; hence it will suffice to state that, to be immoral, man must allow the physical instead of the mental instinct to control his being; in so doing he must lie, be unjust, cowardly and cruel to womankind, and in his endeavors to obviate the depressing effects of such actions he contracts habits that will be detrimental to the enjoyment of sexual intercourse to the fullest extent.

Fourth, Youths and maidens should be educated not only in the anatomy and physiology of the generative organs but also in sexual hygiene, and as to the ultimate purposes and workings of the law of sexual instinct and the beneficial results and happiness to be attained from its proper indulgence.

The full significance of the third and fourth statements can best be demonstrated by the following illustration:

Characters: (a) A maiden, pure-minded and innocent, in the sense that she is ignorant not only as to the anatomy and physiology of her sexual organs, but also as to their purpose. Maintained in this ignorance for the sake of purity, her sexual instinct remains undeveloped, or what is more probable, it is prevented by impossible or idealistic misconceptions. (b) A youth who has had sexual intercourse and has had his sexual instinct developed; his text-books smutty stories, and his teachers ignorant companions, rues and prostitutes. The two become engaged. He reforms in anticipation of marriage. The wedding night he enjoys the excitement , drinks wine. She does not. He has been content with the anticipation of physical pleasure; she only with the anticipation of the mental phase and emotion of matrimony. That marriage night what happens? She sees man physically as he is and he, inflamed with excitement, drink and abstinence, does what? Has sexual intercourse with her once, more often several times without the slightest thought of the effects of such actions or the endeavor to properly awaken the sexual instinct within her. She, a woman of sentiment, is expected to do the impossible, to develop in a night an instinct that for the greater part is emotional, in her normally slow, and that she has been taught to be ashamed of. The immediate results—disgust or passive submission; the future results, unhappiness or divorce; the proper results, mutual endearment and the perpetuation of the species.

Can thinking men see such marriages, and they are in the majority, and still countenance the prudery that causes the incalculable mutual unhappiness, licensed prostitution, that is, divorce, and makes prostitutes out of married women and married men supporters of prostitutes?

Fifth, Early marriages should be advocated.

Sixth, The medical profession and clergy should refute the old saw that, "He who sows his wild oats when young will make a good husband."

Seventh, In other words, there should be demonstrations by competent and scientific men, of the fact that there is such a thing as "sexual honor," and that its advantages are individual as well as national.

PAMPHLET II. FACTS FOR SOME YOUNG MEN.

First, Syphilis takes two years to cure and during this time the hygienic

rules to be carried out practically demand isolation. Acute gonorrhea or clap requires two weeks to three months to cure; chronic, an indefinite period, with the ever present fact that irreparable damage often results to the urinary and genital organs and the whole body from its presence.

Third, The stoppage of the visable discharge is positively no proof of cure of gonorrhea.

Fourth, The certificates, so conspicuously posted in the rooms of prostitutes and reading somewhat after this fashion, "We have made a careful examination of said Mary Smith, and find her free from veneral disease," Signed, John Doe, M. D., are no proofs that she is not infectious. Practical experience and the light of scientific knowledge has demonstrated that such certificates have no value except to lend a false sense of security.

Fifth, A prostitute in a first class house is capable of holding this position on an average of four to six years. This signifies what? That, in compliance with the law of supply and demand, a virtuous girl must be obtained thus frequently to fill the vacancy. Can there be any greater argument for preserving the health of those who are already prostitutes?

Sixth, A prostitute in a house, in order to pay her board and necessary expenses, must have intercourse on an average of four times a day. To a man having intercourse, this is a pleasant thought, especially when the character of those who have gone before are brought to mind—diseased men, rounders, pimps, and drunks, who can hardly take care of themselves, much less keep clean.

Seventh, Again, and this fact demonstrates a kind of being that patronizes houses of assignation, a prostitute to hold her position must commit buccal coitus. And men under such conditions make love to, caress and kiss such women, and then embrace the wife or sweetheart. *To teach what prostitution is, is to teach morality.*

In pamphlet III statistics may be given as to the dangers and monetary losses caused by venereal diseases. Many of you have already received a pamphlet of this character.

PAMPHLET IV, PERSONAL PROPHYLAXIS AGAINST VENERAL DISEASES FOR MEN FOR SEXUAL INDULGENCE.

Eighty per cent. of all men in large cities have or have had gonorrhea. Every prostitute must be looked upon as infected with gonorrhea and statistics have shown that almost every fourth disseminates syphilis. Seventy per cent. of all gonorrheal infections are traceable to prostitution. (From the report of the committee on prophylaxis of venereal diseases of American Medical Association, May 9, 1903.)

Means of prophylaxis in order of efficiency.

First, Continence is the positive preventive.

Second, Washing of genitals with soap and water once daily for 365 days in the year, especially the glands penis after drawing the foreskin (prepuce) well back.

Third, The condom, sufficiently strong as to remain unbroken, preferably of fish-skin.

Fourth, Abstain from intoxicants.

Fifth, If condoms are objected to, be circumcised or at least have the frenum cut.

Sixth, Have the woman wash with boracic solution before intercourse. This affords you protection from her own gonococci and those that are apt to have been left by the previous recipient of her favors.

Seventh, Have intercourse with urine in bladder. Immediately after ejaculation, pass urine as forcibly as possible and, while so doing, suddenly stop the flow by placing the finger over the mouth of penis (meatus). Repeat this act two or three times during urination. This mechanically cleanses the urethra.

Eighth, After this the external genitals and hands should be washed in a one to two thousand bichloride solution in order to prevent infection from the syphilitic virus and the conveying of the genococci to the eyes, and it is best to wash the hands again in plain hot water.

Ninth, After these precautions, if the probability of the infection be considered great, it is best to consult a competent physician. If this cannot be done, the following plan may be carried out: Use urethra syringe with the blunt glass tip preferred, capacity two drams, and a solution of argyrol, 20 per cent. in glycerine. Solution should be in a large mouthed bottle that will admit syringe. Before using injection, always urinate. If solution is poured out in a glass in order to fill syringe, see that the glass has been cleansed in scalding hot water. Syringe should always be scalded before and after using. The mouth of the penis (meatus) should be washed off well before injecting fluid. These precautions are necessary to prevent bacteria, gonococci or other kinds, on the outside, from being forced into the urethra and exciting or causing complications of a disease that you are trying to prevent.

Method of injecting fluid: Grasp penis tightly with thumb and little finger of left hand so as to completely close the urethra two inches from meatus; place the index finger of the same hand above and behind the head and the middle finger below; then steady the organ. Having filled syringe with fluid, expell all air, take it in the right hand, press nozzle tightly against meatus, inject slowly, gradually forcing the solution in until it completely distends that portion of the canal that is between the mouth and compressing fingers. Retain ten minutes. Repeat the treatment three times in twenty-four hours. If there be pain on urination and discharge appear, immediately consult a reputable physician.

P. S.—All these means, except continence, are injurious to health of mind and body, but are less dangerous than venereal diseases.

PAMPHLET V, PERSONAL PROPHYLAXIS AGAINST VENERAL DISEASES FOR WOMEN DURING INTERCOURSE.

What is said will apply mainly to public prostitutes. The measures advocated recognize the existence of the fact that prostitution is undertaken as a means of livelihood or profit; therefore, it is a business and must be conducted upon a business basis in order to be as profitable as possible to the individual and the least dangerous to the community. The commodities that she barters are personal appearance, animation, character and health. The two former depend mainly upon the latter for their value. Health, therefore, is a prostitute's greatest asset. The longer a woman maintains these products in the maximum condition, the greater will be her profits and the less her expenditures. In other words, a woman will be of greater monetary value to herself and less dangerous to the community, the better and the longer she maintains her health.

The principal factors appertaining to this occupation, outside of the lack of the general hygienic and sanitary

condition that act detrimental to health, are veneral disease, drink, abortions and her social position.

In advocating venereal prophylaxis, all immoral women must be divided into two classes: (a) Women who have venereal diseases and do not know it. This is possible and true, especially in the majority of cases of chronic gonorrhea. For though infectious, the woman may have no localized or characteristic pain, or other subjective or objective symptoms of the disease beyond the habitual leucorrhea or white of women. And even this may be absent. (b) Women who have venereal diseases, especially chronic gonnorrhea, and know it and yet carry on sexual intercourse.

This latter class, not few in number, are only complying with the law of self preservation, for it often demands this act of them as it demands that they, suspecting that a man has a contagious discharge, must take the chances of contracting disease in order to live.

Steps essential to cause personal prophylaxis to be adopted by these women are:

First, Teach them that the science of medicine exists for the purpose of preventing and curing disease, no matter its causes or character, and also to aid suffering no matter in whom; that, as its followers, we are ever, as its tenets dictate we should be, physicians and counsellors, not persecutors and prosecutors.

Second, If the houses of assignation or segregation are tolerated, have the municipal authorities force the owners of such buildings to comply with the established laws of sanitation, especially as to size and ventilation of rooms, sewerage, bathing facilities, etc.

Third, Demonstrate why, according to the laws of nature, venereal diseases are dangerous to them, to their health and to society.

Fourth, Instruct them as to the clinical symptoms or venereal diseases, so that they may recognize them.

Fifth, Instruct them as to the means of preventing venereal diseases, and of controlling infection when they see it present in their patrons, or it has occurred in themselves.

Pamphlets that contain these ideas in an elaborate form, their titles and methods of distribution, cannot be considered here. Yet, it is necessary to briefly outline the means of controlling venereal diseases that lie within the power of these women to comply with, and which they themselves will enforce, as it is to their personal advantage. These are such as,

(a) Instruction as to general health, bathing, regular attention to toilet, drinking of sufficient amount of water, etc.

(b) The proper method of taking a douche, the temperature of the water, etc.

(c) The worthlessness of a microscopic examination, and the value of the microscropic to themselves.

(d) Teaching the use of the speculum and tampon to one of the inmates of an assignation house, so that tampons may be used and frequently changed, and thus infection prevented, especially when intercourse is indulged in during the existence of a chronic infection, or when the menstrual period is present.

(e) The advisability of using an antiseptic as boracic acid instead of bichloride. The latter hardens and dries the vaginal mucous membrane, and thus increase the likelihood of minute lacerations to both the male and female, and as a result the more ready innoculation of syphilis and chancroids.

(f) The hardening and drying of the

vagina, which of necessity occurs from frequent douching, should be offset by the using of a lubricant during coitus. And this lubricant should be soluble in water, such as lubrin. Vaseline, even carbolized, is not advisable, for if this be used and bacteria are deposited in the vagina, they can not be washed out, but are covered by the vaseline, and husbanded to do future danger to the woman, or to be rubbed into the meatus of the next victim.

(g) In washing external genitals, they should be taught to rub away from the meatus and thus not infect the bladder.

(h) Glass urinals should be used in the bedrooms instead of the usual vessels. Thus the presence of shreds, etc., in the urine will indicate to the woman the necessity of taking extra precautions.

These and many other instructions, along similar lines, could be given, and are not only common sense, but are in the bounds of duty.

To sum up, I would state that the object of this paper (it cannot do justice to the subject and many vital points are omitted) is to demonstrate that the best and most logical method of venereal prophylaxis at this stage of evolution is to be found in the education of the individual; that the educator must realize that every man must and will make his own morality; that the educator's line of argument, to be efficient, must deal with universal and necessary principles and be based upon actual conditions, not idealisms; that, from a standpoint of morality, even in a small community, there are many men in various degrees of moral evolution; that they evolve by degrees; that different arguments appeal to different degrees of evolution; that to appeal to all classes and any individual, one must possess a good knowledge of every side of the subject to be dealt with and the principles that govern its action; and that the pamphlets here proposed are but a means to this end, in a convenient form for distribution by the busy physician as his discretion dictates.—*North West Medicine.*

Osteopathy.

By Douglas Graham, M. D., Boston, Mass.

An excellent masseuse from a neighboring city called on me a short time ago and said, "The doctors in our town will not recommend massage, and their patients who need it go to the osteopaths." The inevitable result of this is that when their patients are benefited, as they sometimes are, their physicians are denounced for a conservative lot of old fogies, who do not want their patients cured in any other way than by the use of drugs, whereas they might just as well have had the honor and glory of the cure by advising massage at the proper time and seeing that it was correctly done. But many times patients do not ask advice of their physicians about such matters, and when they receive no benefit or are injured, then they come back to the fold of their own good shepherd much better sheep than when they departed. Especially is this the case with many of the patients of the osteopathic surgeons, who often have their spinal columns yanked in a most unmerciful manner by the osteopaths, when they ought to be kept quiet, and then they return meeker than Moses, and require a much more prolonged course of immobilization. Indeed, I am not so sure but that some of my orthopedic patients are slightly tickled over this, though they say not a word. I should be. But what shall we say of the physician who is lacking in backbone as he quietly and placidly

looks on while his patient is being treated by an osteopath? Surely he ought to know that in some cases valuable time is being lost; in others, that his patient is liable to be injured. We are told everything that the osteopath does is scientific, very scientific. Some even claim that it is nothing but scientific massage. Unfortunately for the patient, it is too often scientific. A few illustrative cases may be of interest:

Case I.—An elderly lady was brought to my office not long ago with a shoulder that had been deliberately, willfully and ignorantly sprained four months before by an osteopath who was giving her scientific movements for her general health. The osteopath who treated this patient was a member of the osteopathic college. The patient had the consent and approval of her physician to try osteopathy, though he knew of an excellent masseuse who had often helped him to get patients well. Both he and his patient are now well cured of osteopathy.

Case II.—A patient of mine who had recovered to a wonderful extent from hemiplegia under massage and remedial exercises, hearing of the marvelous cures wrought by osteopathy, thought he would like to try it and please his friends. He went to one distinguished osteopath, who set his bones for three-quarters of an hour every other day; to another afterward, who did the same thing for fifteen minutes every other day. After each seance he was so fatigued that when he got home he had to go to bed. After massage and exercises from me he was always refreshed and went away smiling.

Case III.—A short time since there was under my care a very intelligent masseuse suffering from neurasthenia from overwork. The previous winter one of her patients wished to go to an osteopath. As she herself was suffering from a backache at the time, she thought she would be a John the Baptist and go and have her back osteopathized in order to see if it were safe for her patient to go. This masseuse has a natural enlargement of one of her sacro-iliac articulations, which the osteopath said was out of joint, and proceeded to replace it. She was in so much pain immediately that her physician had to give her a hypodermic of morphia.

Case IV.—A boy suffering from pseudo-muscular atrophy was brought to me for consultation. He had been getting along very nicely under gentle massage and passive motion when his mother, hearing of the wonders of osteopathy, decided to have it tried on him. At each "set-to" the osteopath turned over every rib in the boy. He was greatly exhausted after each time and grew rapidly worse.

Cases treated by osteopaths are continually being reported to me by physicians and other friends. A few of these might be of interest.

Case V.—A patient suffering from curvature of the spinal column was treated by an osteopath, who attempted to correct the deformity. She has been paralyzed below the curvature ever since.

Case VI.—A young woman with a lateral curvature of the spinal column was treated by an osteopath, who attempted to set the bones, since which she has suffered from paralysis of one arm.

Case VII.—A neurasthenic patient wished to be treated osteopathically. The osteopath found what he thought was the cause of her trouble in a supposed dislocation of one of the cervical vertebræ. He turned her head sharply to one side and then gave it a sudden jerk to the other side. Ever since she

has been unable to get up and walk on account of dizziness.

Case VIII.—A lady fell and slightly injured her lip. A young osteopath who had just graduated pronounced it a dislocation, and at once gave it some "scientific" movements, and set it in the presence of a large number of people in the parlor of a hotel. The patient immediately got up and walked, amid the applause of the spectators. A surgeon who had been called arrived rather late on the scene—after the performance was over. He explained to the satisfaction of the assemblage and to the discomfiture of the osteopath the absurdity of the whole procedure. The patient took part in a dance the following evening.

Case IX.—A patient suffering from involutional melancholia at the change of life was treated by an osteopath, who professed to have found the cause of her trouble in two abnormal curves of the spinal column and later to have cured them. Even though insane, the patient could not believe she had been cured of what she thought must be incurable in her spine because it had been there so long. She grew worse and had to be sent to a hospital for the insane.

Case X.—A friend of mine had a patient suffering from pleurodynia. The doctor was obliged to be out of town for a time, and the patient sent for an osteopath, who rubbed and pounded and set his bones for an hour and then gave him the battery. After letting the patient rest for a brief period he repeated the operation. The doctor was sent for in a hurry when he got back and found his patient black and blue and in a comatose condition.

The city editor of one of our large daily newspapers, who a short time ago was somewhat captivated by the brilliant reports of osteopathy, told me the other day that it would not take long before they ran themselves out, as they injured so many people. Distinguished lawyers and others similarly situated have said the same to me. But let us give the devils their dues. Among so many of them there must be some naturally good manipulators, gifted with a little common sense, in spite of the absurd theories and practices that they have been taught, and who cannot fail to benefit the right sort of cases when they come to them, but woe betide the wrong sort of cases.

An argument frequently used by layment in favor of osteopathy is that it is legalized in many of the States. Did anyone ever yet hear of a bogus college that could not get a charter from a State legislature? Within a short distance from here we have the spectacle of a student who has not yet finished his course nor paid his dues, occupying the position of a full professor in an osteopathic college. A student in a Western osteopathic college, after having studied for fifteen months, was told that if he took five months' practice with one of their regular practitioners he would be allowed to graduate. He complied with their request, but was not allowed to graduate. He then started a college of his own and appointed himself Secretary, Treasurer, Dean and Professor of Physiology, and graduated from his own college. After this he got a bill put through the Legislature for the legalization of osteopathy. Smart fellows these, and the kind that the osteopaths make heroes of!

Osteopathy is nothing but a crude, rough, awkward sort of massage or movement done by people who know little or nothing about either, and who assume to know everything, and who shut their eyes to all that has ever gone before them in the way of manual treatment. It is doubly true what Dr. John

K. Mitchell says, "that if physicians had only been wide-awake to the value of massage in suitable cases, the osteopaths would never have had a chance." —The American Practitioner & News.

Medical Fads.

By G. M. Dewey, M. D., Keytesville, Mo.

Fads in medicine are delusions in regard to the unpossessed curative power of drugs or the curative virtue of necromancy, jugglery, conjury, sorcery, sleight of hand, osteopathy, suggestion, christian science, divine healing, magnetic healing, hoodooing.

Conjury and sorcery was practiced in Egypt in the time of the Pharaohs. Christian science, suggestion and magnetic healing are delusions of this enlightened age. Medical fads, like the ocean tide, rise, and twice every 24 hours, phœnix like,

"When one delusion sinks and dies,
A hundred from its ashes rise."

I am prepared to give a certificate to a cure by "suggestion" that came under my observation. A doctor's hysterical wife had a "spell," and her husband was four miles from home when he received notice that his wife was dying. At break-neck speed he hurried home. He found his house full of crying women, who supposed the woman was dying, as she had been unconscious for two hours. Her body was bent, hands clinched, head drawn backwards like a dying Jersey calf. The doctor rushed into the house, seized an iron poker, thrust it into the stove and, in a loud tone, told the bystanders to strip the clothing from her back as he must run the red-hot poker along her spine or she would die. When the "dying" woman heard the suggestion she said: "Doctor, I just dare you to burn my back with that poker," and out of bed she lit.

The magnetic healing fad has driven out nearly all the other witchcraft conjuring fads from Missouri. Nearly every town in the State has what they call an infirmary, where for $25 everybody can be taught this sleight of hand business in two weeks. Ignorance is no bar to matriculation in one of these fakes.

Every student is expected to master this conjuring science in 14 days, and is then called "professor" and starts an infirmary on his own hook. When a healer fails here he goes to Texas, where, it is said, there are more fools than in Missouri. In this town of 1,200 inhabitants there are eight "regulars" and one male and female magnetic healers.

Simon Magus was practicing this art in the town of Samaria in Simon Peter's day, and seeing the wonders that were performed he proposed to buy in. He, like the present healers, was running it for all the money there was in it. He doubtless advertised in all the "dailies" in Palestine.

"Simon Magus was a fakir,
Who undertook to bribe his Maker;
Whichever brought the biggest fee,
A saint or sinner he would be."

Ordinary mountebanks advertise "no cure, no pay." These sleight of hand performers want spot cash, and their motto is "no pay, no cure."

The latest medical delusion which seems to be capturing the "regulars" is the goat lymph. This lymph, it is said, like the catholicon of Paracelsus, will prolong life indefinitely, and, like the testicular juice of Brown Sequard, will annihilate senility. The inventor of this capricorn fad hails from Missouri, and he must be a learned doctor. In

a letter which he wrote to another physician concerning a sick woman he said, she was suffering from "many paws."

I learn the doctor has gone to Germany to perfect the process of getting this life-prolonging rejuvenating juice from the goat. This goat fake, like all other fakes, is being run for the money there is in it. A doctor in this country (o "regular") claims to have purchased the right to sell the lymph in Missouri. The price per ounce is $25.

Why the thoracic duct of the goat should contain a more rejuvenating juice than the sheep, none but the goat mongers seem to know. If the rejuvenescence comes from the he goat odor, what wonders could we not expect from the skunk?—Albright's Office Practitioner.

ABSTRACTS.

Prevention of Hernia.

R. L. Payne (Gall. So. Med. Aug., '05) says that the structure of walls of the abdomen are admirably adapted in their construction for the prevention of hernia. These are rare except at the umbilical and abdominal rings. When the muscles of the abdominal walls are divided in abdominal section, followed by wound being left open for drainage, hernia is almost sure to result.

"The following, rules if followed carefully, will give the largest percentage of success in clean operation:

"1st. Always make the incision along the line of the muscle rather than in the tedinous lines.

"2d. Never cut the muscles, but separate the fibres with the handle of the knife.

"3d. Suture the wound in layers, making careful approximation of like tissues and paying special attention to the closing of the aponeurosis, since in this lies the greatest strength of the abdominal wall.

"4th. Be exceedingly careful of the haemostasis and of leaving dead spaces in the wound, for no matter how much you may try there is no absolute asepsis and bloodclot in dead space affords the most favorable culture medium for the growth of germs and suppuration in the wound weakens permanently the abdominal wall.

"These are well-established rules of procedure, and if followed strictly will usually suffice to prevent herain, but in that large class of cases in which drainage must be resorted to—supurative appendicitis being the most common type—no such safeguards can be used and the resulting hernias are very numerous. For some time now the writer has used the following method in these cases with very gratifying results."

When the granulations have reached the level of the belly wall the immediate secondary operation is performed as follows:

Patient is etherized, skin and wound cleansed, granulating wound dried and thoroughly mopped with pure carbolic acid; incision is made outside of scar tissue, beyond the limits of original wound, and carried down through the aponeurosis into healthy muscular tissue; scar and granulation tissue is dissected out with great care in one piece; avoid cutting through the peritoneum for fear of infection and the scar tissue so as to leave a perfectly clean wound; free the edges of the skin and aponeurosis with a few touches of the knife; suture with interrupted silk worm gut, including the aponeurosis in each su-

ture, and using enough stitches to close accurately. This operation has been performed twelve times with no hernia following. The healing is hastened, a linear scar is given instead of a broad cicatix of granulation, and it prevents hernia.

A Powerful Light.

In the Iowa Medical Journal for July 1905, Dr. Kime describes what he claims to be, and his claim is not questioned, the most powerful light in the world. Since 1899 he has been making use of light in the treatment of chronic affections, as tuberculosis, lupus, eczema, ulcers, joint and bone tuberculosis, with satisfactory results, under the belief that as "light is so strongly bactericidal we should make use of it in those diseases which are caused by bacteria." He claims that as sun light kills tubercule bacteria, if it be made of sufficient intensity to penetrate the structures, the tubercle can be destroyed in the lung tissues. His experiments show that a photograph can be taken through the structures of the thorax, and this has been confirmed by others.

He has been using for the past six years a light concentrated from a three-foot concave mirror, and this will inhibit the growth of the bacteria in the apicies of the lung, and daily progress towards recovery has been noted in many forms of cutaneous diseases and ulcers.

He is now constructing a mirror 15 feet in diameter with an area of 172 square feet, to focus on one foot square twenty feet distant. This light will illumine the lungs as thoroughly as if the sun shone directly upon them. In its construction provision has been made for the absorption of heat.

Sunlight is the only light of sufficient intensity to accomplish the purpose desired, and the supply is only limited by the size and construction of our apparatus.

Castor Oil for Trifacial Neuralgia.

Geo. Gill gives a plan of treatment (Cleveland Med. Jour., Aug., '05) for this disease that is effective in the majority of cases. It consists of the administration of one ounce of castor oil daily and gradually ascending doses of strychnia given hypodermically. Other purgatives do not have the same beneficial effect. Cases of migrane are benefited also by the castor oil. It will not cure all cases and does no good in neuralgia from carious teeth, tumor pressure, ect. Its discovery was accidental, and its use is entirely empirical. It has been said that neuralgia was a cry of the nerve for food, and it may be that the oil gives it in some way.

Ice in Lobar Pneumonia.

Dr. Axerness has treated 100 cases of pneumonia without a death (Jour. A. M. A., June 3, '05). On diagnosis full warm bath for cleansing purposes is given, and laxative of calomel and soda administered. Specially constructed ice bags sufficient to cover the surface involved are moderately filled with crushed ice, wrapped in gauze and accurately adjusted to the body and confined with a roller bandage; the bags are good soft rubber made to fit under the axilla; smooth posterior surface; air-tight stop-cock and rubber tube outlet to carry melted water to basin under the bed. This rubber tube is very important and the keeping of the bags replenished with crushed ice is essential, as it is ice and not ice-cold water that is wanted, as the heat-absorbing qualities of melting ice are 80 times greater than ice-cold water. No fear of damaged vitality of parts need be entertained, as this is a pro-

cess of liquefaction of the ice and not one of reduction to below the freezing point, as in a mixture of ice and salt. These applications are kept up as long as the disease is progressing. They are removed for any indications of collapse or need of stimulation. Alkalin waters and creosote carbonate are administered internally. Salines for the bowels.

"The points of special interest noted during the treatment were:

"1. A distinctly lowered pulse rate with maintenance of cardiac strength and regularity, considering temperature of patient and stage of the disease.

"2. If the treatment is begun during first 12 hours of the disease many cases are aborted and in the majority of cases the duration of the disease is shortened.

"3. Respiratory difficulty and chest pains are relieved by the ice application to such an extent, that not a single patient remonstrated against the "ice treatment," after first having tried its quieting and analgesic effect."

Drainage in Diffuse Septic Peritonitis

(Annals of Surgery.)

KNOTT states that operations for diffuse septic peritonitis should be made as quickly and with as little manipulation as is compatible with thoroughness. Eviseration, partial or complete, greatly increases shock and the prospects of a fatal result. The generous use of clean, hot water will most thoroughly cleanse the infected cavity with the least traumatism. He advises elevating the head and trunk so that the fluid may accumulate in the lowest part of the pelvis and may be easily removed by drainage. He advises that each operator have a definite form of procedure in order that the operation may be more speedily completed.

To Prevent Rupture of Perineum.

NUDING in Medical Council for July, 1905, details a method of preventing the rupture of the perineum in labor, which he claims to be efficient. In the majority of cases ruptured perineum comes from the head descending towards the natural outlet. In these cases insert two fingers of right hand in the patulous anus and push the presenting part up; at the same time with the left hand support and push down the thin and stretched perineal structure.

(This is an excellent procedure, as we know from personal experience, used before the days of antiseptic midwifery. The objections to it are that it is uncleanly, and danger of introducing septic material into the vaginal canal, in subsequent examinations and manipulations.—Editor.)

Castro-Intestinal Disorder.

DEPEW insists upon rest in treating acute diseases of the gastro-intestinal tract (Med. Era, Aug., '05). Clean out with calomel, soda and podophillin—small doses often repeated; follow with castor oil, and then give zinc sulphocarbolate gr. ½ every hour till foul odor is abated. For fever he gives amorphus aconitine gr. 1-134 every half or three-quarters of an hour. He claims that the amorphus aconitine can be given with safety to very young children. Use pure articles of drugs. Most causes of failure are because of impure drugs.

Chronic Poisoning by Acetanilid.

(Jour. A. M. A.)

STEWART reports several cases of chronic poisoning from acetanilid which occurred in his own practice and also a number that have been perviously reported by others. He states that acetanilid, on account of its small cost,

is the chief ingredient dispensed by pharmacists without prescription and it is also the chief ingredient used in the secret nostrums sold for the same purpose. That chronic poisoning characterized by degenerative changes in the blood, and by physical disability may result from the continued ingestion of the coal-tar products is well known, acetanilid, owing to its small cost and its toxicity in excess of others of this group in common use, renders it particularly liable to be the offending agent. In the cases of chronic poisoning by acetanilid and related coal-tar products the symptoms are usually very similar. There is progressive mental and physical debility, which later often reaches a high grade in severe cases. There are cardiac weaknesses, more or less pronounced cyanosis, and marked degenerative changes in the blood. The blood when punctured is of a chocolate hue and the blood picture would suggest pernicious anemia were it not for the leucocytosis which is almost invariably present.

The Expansion of Gynecology, and a Suggestion for the Surgical Treatment of Incontinence of Urine in Women.

(Jour. A. M. A.)

DUDLEY states that incontinence due to acquired urinary fistula or to any congenital defect of the urinary tract may be classified as active or passive. Active incontinence is due either to a hypertonic, constricted or distended state of the bladder which forces the urine past the sphincter. Passive incontinence is due to some sphincteric defect, such as traumatism or paralysis which deprive the neck of the bladder and urethra of the power of retention. He considers the surgical treatment of another and frequent variety of passive incontinence common in multiparous women and usually due to the traumatisms of parturition. The condition is characterized by a sagging away of the urethra and neck of the bladder from the pubes. The condition ordinarily is one of urethrocele, cystocele, laceration and relaxation of the perineum. He proposes to denude a horseshoe-shaped surface between the meatus urinarius and the clitoris and to either side of the urethra throughout its entire length. The meatus is drawn up to a point near the clitoris and sutured and the lateral portions of the denuded surface are then closed. The other necessary operations on the perineum or vaginal wall are also performed.

The Circumstances and Treatment of Bright's Disease.

(Jour. A. M. A.)

CROFTAN regards the determining feature of Bright's disease as high arterial tension, with resulting cardio-vascular changes. The latter lead to nutritional disorders in various parts of the body, and particularly in those organs that are supplied by end-arteries, viz., the kidneys, retina and brain. He states that the old idea that the kidneys are always primarily involved and that as a result of renal inadequacy certain toxic substances are retained that produce the cardio-vascular changes and the eye and brain symptoms, is untenable. He regards the decapsulation of the kidney capsule for the cure of Bright's disease as altogether irrational. He states that in acute forms of nephritis under-feeding, or even starvation, of the patient is not only permissable but good practice. In the chronic form he favors a mixed diet and states that a diet containing variety should be carefully selected and only those

articles excluded which lead to the formation of urinary and products that are secreted with difficulty. Abundant water drinking in the acute or subacute forms is dangerous since it is excreted with difficulty, and in the chronic form taxes the cardio-vascular system. In nephritis sodium chloride is eliminated with difficulty and hence it should be largely withdrawn from the diet.

Esophagotomy for the Removal of False Teeth.—Some Remarks on Colon Alimentation.

(Jour. A. M. A.)

Wyeth reports a case in which a man swallowed a plate of false teeth. Nothing was done to remove them except to pass a bulbous bougie. The man at the end of six weeks consulted Prof. Myles, who had a radiograph made which showed distinctly the outline of the plate lying just behind the upper portion of the manubrium. Drs. Wyeth and Myles opened the esophagus and removed the plate. The patient was then placed in bed on the back, the foot of the bed elevated about twelve inches in order to facilitate drainage. For the first twenty-four hours he received six ounces of normal salt solution every four hours. After this the quantity was increased to eight ounces, and in the intervals two nutritive enemata were given. After four days a tube was passed down the esophagus and milk introduced. At the end of twelve days the esophageal wound had entirely healed. In regard to colon alimentation he states that milk is one of the most useful foods. The milk is peptonized by means of a Fairchilds peptonizing tube either by the cold or warm process. Six, eight, or twelve ounces being given every four or five hours. Eggs may be given by dissolving the white of an egg in three times its bulk of warm water, add a peptonizing tube and inject at once. A whole egg may be added to a pint of milk and peptonized according to warm process. To give beef juice, heat until lukewarm, add a peptonizing tube and inject. Panopeptone may be given if diluted two or three times with normal salt solution. Whey is prepared by heating a pint of milk to 100F. Add two tablespoonfuls of essence of pepsin. Allow to stand until jellied and strain. It may be given alone or combined with panopeptone. Panopeptone may also be added to peptonized milk.

Tubercular Cervical Lymph-Nodes.

(Annals of Surgery.)

Dowd states that in from one-quarter to one-half of the cases of tubercular cervical lymph-nodes, from where the nodes are not removed, the disease extends to the lungs. That the disease is very tedious, causes great discomfort, and disability, and leaves disfiguring scars. That the thorough removal by operation gives better results than any other method of treatment. In favorable cases a scar which is hardly to be seen, freedom from recurrence in about 75 per cent., and ultimate recovery in about 90 per cent. of the cases. In less favorable cases freedom from recurrence in 50 to 55 per cent. and ultimate cure in 70 to 75 per cent. of the cases. In all cases a safe operation. He urges that every precaution be taken to preserve the normal structures of the neck. That, except in far advanced cases, where extensive incisions are necessary, transverse incision, either in the neck creases or parallel to them, are to be used. A vertical incision back of the hair line is occasionally employed.

The Treatment of Retrodisplacement of the Uterus.

(Therapeutic Gazette.)

HIRST states that the following rules should be observed in using pessaries for retroflexion: The best models are the Hodge, the Smith-Hodge and the Thomas. It is better to have a large assortment of different sizes and shapes than to attempt to mold a pessary to suit the individual case. The best material is hard rubber. No soft-rubber pessary of any kind should ever be used. They become indescribably foul in a day or two. Aluminum is a good material, but expensive. The smallest pessary that will maintain the uterus in position should be used. The uterus must be in perfect position before the pessary is inserted. A pessary should be inserted with the broad posterior bar in the oblique diameter of the vagina, so that a comfortable distention of the vaginal entrance is accomplished by utilizing the opposite posterior and anterior sulci. A right-handed man will find it easier to press downward and outward the right posterior vaginal sulcus with the forefinger of his left hand and to insert the pessary almost upside down, rotating it after it has entered the vagina, and then slipping the posterior bar behind the cervix with his forefinger. For the reposition of the uterus and the insertion of the pessary the dorsal decubitus is usually best. The knee-chest posture is sometimes required for the reposition of the uterus, but not for the insertion of the pessary. The pessary should be removed and cleansed every eight weeks, and the posterior vaignal vault should be inspected through a speculum. If it is inflamed or ulcerated the pessary should not be inserted for at least two weeks. A vaginal douche of boracic acid solution should be taken three times in the month —on two successive days after the cessation of menstruation, and once midway between the periods. Daily douching is unnecessary and sometimes harmful.

The Use of Iodide of Silver in Urethritis.

(U. Pa. Bulletin.)

SITTER and UHLE claim for Iodide of Silver that it is not a proprietary preparation, that its exact composition is known, and that its strength can be regulated as easily as the nitrate, and that unlike the nitrate, it does not stain and can be used in stronger solutions. They usually use it in 5 per cent. solutions, occasionally in 10 per cent. solution. In conclusion they state that the ardor urinæ usually subsides within twenty-four hours, and the discharge disappears well within a week. The solutions cause absolutely no burning and no irritation. Indeed, not a single patient has complained of discomfort. In cystitis of prostatic origin or after prostatectomy, we have found that it yields excellent results. We should very much like to have it taken up in the other clinics. It has been used to some extent in eye work, and given good results. It has been used in surgery in cases where silver was indicated, and it has done excellent work; the patients have not complained of a burning sensation when it was applied.

Arsenic for Yellow Fever.—Dr. Reginald B. Leach, a homeopathic physician of St. Paul, has gone to New Orleans to determine the prophylactic virtue of arsenic against yellow fever. He claims that a small daily dose of the drug will render one immune against the disease, and is, it is said, so convinced of this that he proposes to experiment with himself by allowing infected mosquitoes to sting him.—Med. Record.

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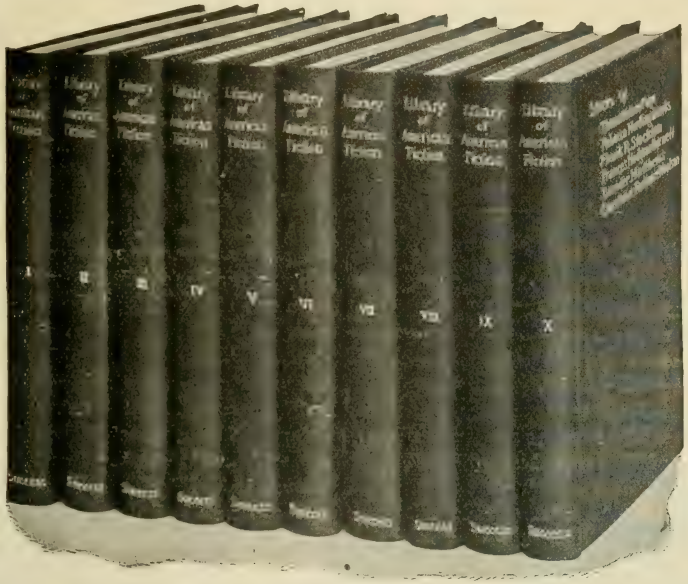

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EDITORIAL.

Is Ceasarian Section for Placenta Praevia Justifiable?

This is something of a moot question just now between the obstetrician and the abdominal surgeon. Attention was first called to the operation as a remedy in this distressing condition five or six years ago, but did not receive marked attention, probably a dozen cases being reported up to two years since. The question has received a new impetus within the post two years and possibly twice this number has been reported within the last named period.

The high mortality to both mother and child under the accepted plan of treatment makes any procedure offering a chance or even a hope of its reduction worthy of consideration, and to this end the question is being considered by both specialties.

Broadly speaking, the obstetrician claims that the operation is not justivable, when done for the placenta praevia per se, but only for malformations that would demand the operation without this condition. The relief of the condition is one purely within the domain of the obstetrician and but few abdominal surgeons are conversant with obstetrical practice. The question should be treated by the obstetrician and the decision as to the indications for its adoption left to obstetrical authorities. It should be only used as a last resort, and when necessary to resort to it, the uterus and adnexia should be removed as a prophylaxis against hemorrhage and infection.

The claim of a rigid os being an indication for its use is met by the assertion that this is a very rare occurrence, many authorities in obstetrics asserting that it is never present. The fetal mortality in ceasarian section for placenta praevia has been reduced 30 per cent. but the maternal mortality has been increased threefold. The danger of infection is increased, the recovery is less prompt and there are distressing sequelæ—sterility—it can never be a primary operation and must often if necessary be performed without the careful preparatary treatment desirable

in abdominal sections.

On the other hand the surgeon claims that under the improved technique, and antiseptic treatment the operation can be performed with as little danger of infection as the necessary obstetrical operations; that it reduces both maternal and fetal mortality, and that as the indications for the operation are more thoroughly studied and better understood that these mortalities can and will be still further reduced. They claim that it offers a better chance for both mother and child in the worst forms of the trouble, viz., placenta praevia centralis, in a primipara, cases almost universally fatal under obstetrical treatment.

We have examined some of the statistics presented on the question, and have not so far been able to reconcile the conflicting elements presented. We believe them to be defective in some things and should be fuller and larger before any definite conclusions can be reached. Like all new procedures, this will have to go through its formative stage and have its errors eliminated before its general acceptance.

Still we believe there is a field for the operation, narrow at present, but under further investigation possibly to be enlarged. This field is described by Dr. Richard Douglas, of Nashville (Buff. Med. Jour., Aug., '05), as follows: "Ceasarian section is indicated in cases of central attachment of the placenta in a prima gravida, with an undilated and rigid cervix, with moderate hemorrhage, a viable child and the operator a capable abdominal surgeon. The contra indications to the operation are an exsanguinated patient, or one who has been subjected to various obstetric efforts, the presence or probability of infection a dead fetus and an unskilled operator."

Evolution of the Modern Doctor.

The July ('05) Medical Mirror has an editorial from the pen of a layman pressed into service by its editor. He describes three generations of doctors whom he knew—father, son and grandson—the last with his office on the plot of ground occupied by his grandfather and afterward by his father, the contrast between the first and the last is striking, but it was not reached at a bound, but attained by slow degrees. The first was a pioneer in his section—tall, huge of body, smooth shaved—he went to his patients with saddle bags thrown over his arm. Rarely in his office, the mud splashed messenger was lucky to find him in his office or sleeping in half exhaustion in his home. Many griefs, more joys, and the universal honor of the community were his. A visit to his office inspired terror. On the walls were prints of the flayed human frame; on the table was a skull of one dead long ago; a skeleton grinned in holy glee from a coffin shaped box with a hinged lid standing in one corner; on the shelves were bottles and jars of results of operations, preserved in alcohol; and a jest of the doctors was to open a case containing knives, saws and other instruments of torture for childish visitors.

The son removed most of these suggestive tokens of the doctor's art; a reception room was added, and the grim joker in the hinged box gave way to a library; a span of trotters took the place of the old black saddle horse; but the attire of the doctor was still suggestive of the grim calling followed.

Last summer a visit was made to the scenes of the doctors; a modern office, a type of many through the country, occupies the old site; an attendant received patients in the reception room; a telephone was in evidence; easy chairs and tables, couches and current liter-

ature were scattered around; an automobile stood at the door; one or two visits was all generally paid—the rest of the treatment being from the office through letters and the telephone; the attire was that of a successful business man; children came and went away laughing.

Forty years have brought this change from the old doctor's blister potions and saddle bags riding through rain and storm, to his grandson's sitting in his office treating patients by electric rays and diagnosing ailments twenty miles away over the telephone.

And the Mirror man draws a few deductions that are timely. This layman observed the difference—the work, environments and position of the doctor are observed by the public, and it behooves us not to fall behind in the standard of progress, for we are judged by our language, by our office appurtenances, in fact by everything surrounding us. These old antiquated offices are not entirely a thing of the past and their owners and keepers are as antiquated in their knowledge of medicine as are their dust-laden shelves and rusty forceps. Happily these are passing away, and the twentieth century doctor is forging to the front where the lime light's glare is the strongest and whitest, and where he makes a showing befitting his calling—the noblest man can follow.

Higher Medical Education.

The need of more thorough preparation for the practice of medicine and especially as to preliminary education of the student was recognized by the N. C. State Medical Society several years ago (Session of 1884), and this was further accentuated by the resolutions of the Board of Medical Examiners of the State as published in the June issue of the JOURNAL.

In recent years the American Medical Association has taken the matter up and through its council on medical education has and is accumulating data upon the question. At the recent meeting of the Association in Portland, the council made a report embodying the following points: That the avowed purpose of the Association to secure within a reasonable time as high a standard of medical education as any county in the world; in justice to all concerned the attainment of this should be gradual; the ideal standard should be high preliminary qualifications—a five years medical course—first year in physics, chemistry and biology—and might be taken in a school of liberal arts—then two years in laboratories of anatomy physiology, etc.; and the last two in close contact with patients in dispensaries—in the study of medicine, surgery, obstetrics and specialties; a sixth year as internal in a hospital or dispensary.

A college course is desirable as a preliminary training, but should not be required, as it would prolong the course too much for the majority of students.

The council recognizes that this scheme cannot at once be demanded, but thinks the following a reasonable requirement: a high school education; four years in a medical college, seven months course, no two courses to be taken the same year, the course to be approved by the council on Medical Education, the State and territorial licensing boards and the college authorities; graduation from such a school should simply entitle to an examination before the State Examining Board; passing the State Board entitles the candidate to practice.

This report of the council, given above only in abstract, was referred to

a committee, which committee, after considering it together with the report of the standing committee on reciprocity, and the action of the Association of American Colleges, made a report which was adopted and is therefore the recommendation of the Association, and in it are embodied the following points: A minimum standard of entrance requirements and a minimum standard for medical education should be adopted, to be improved on until the standard submitted by the council is reached; the course at present should be four years of thirty weeks each, with thirty hours actual college work to each week; standard medical curriculum should provide for a complete course on business methods for the practitioner, on ethics and on the value of medical organizations.

While perhaps all of the principles advanced here are feasible in the near future and are certainly desirable, one or two or them are especially commendable. The idea of bringing the student in contact with the patient in the dispensary or hospital is one that should have the hearty support of all teachers of the advanced grades in medical schools. Osler, we believe it was, that said a medical school should be connected with a hospital instead of connecting a hospital to a school. The advantages to both school and hospital are such that either will suffer without the other, and both will do better work and give better service by having the other attached.

Another point well taken is the necessity of instruction to the graduating student in his duties as a physician to his profession, and same thing of the business side of the practice of medicine, and perhaps some of older members of the profession could profit by attending such a course.

State Aid to Reduce Infant Mortality

Infant mortality, i. e., from birth to puberty, is greater than it should be in comparison with the general mortality and the recent advances in medical science.

This is due largely to ignorance on the part of the public in general and parents in particular of the needs of the child and how to meet them.

While there has been considerable reduction in infant mortality in recent years, it can and should be still further reduced.

It is the duty of the profession to take the initiative in measures to remedy this condition. In this the profession has already accomplished much—and we believe it stands ready to do all in its power to further the work.

Infectious diseases, errors in diet and neglect of earlier symptoms of morbidity being the chief causes of infant mortality, prophylaxis becomes of more importance than treatment, more especially as treatment is unsatisfactory and unavailing in a large percentage of cases.

Prophylaxis must begin in the home, and education on the care of the infant is the keynote of the situation.

The profession is unable to adequately cope with the problems and it is the duty of the State to render aid in the matter.

These propositions are pretty generally accepted by the profession except possibly the last one, which might be the subject of discussion and some minor changes, but not successfully controverted. It is this that we wish to discuss more particularly, alluding to the others incidentally.

There is a widespread ignorance on the part of the public relative to the causes of diseases of children and their prevention. This is pardonable when we consider that it is only within the

last few years that the etiology of many —in fact most—of the morbid conditions incident to infancy and and childhood has been understood by the profession, and even now in many of them the underlying conditions are obscure. Again, it cannot be claimed that the profession has done all within its power in efforts to educate the public on this question. Many probably have and are still giving instructions to mothers touching various conditions, as they see the necessity for the information in their daily rounds; we have isolated cases of where something more is attempted and municipal aid is invoked as in the crusade for pure milk in the city of Raleigh.

These efforts are commendable, but are not meeting the indications. Something more is needed when we stop to consider that one out of every five births die before the end of the first year, and that not more than 50 per cent. of the children born reach adult age. When we go further and assert that this mortality is due largely to preventable diseases, and might be materially reduced by proper measures, we can see the need of greater efforts. The means at the command of the profession are not sufficient for the proper education of the public. The profession can and will furnish the information and the State should furnish the means for disseminating and applying the knowledge.

The child is the man in embryo. He is the future citizen. What the child is worth to the State is a problem that it would be hard to solve. We do know though that he is worth saving, and that he is entitled to consideration in his physical condition. A weakened and deteriorated physical state of early childhood is too often the forerunner of moral obliquity and mental degeneracy, the concomitants of vice and crime, of pauperism and profligracy, of insanity and neurotic states. These are too well known as incubi on society and drains upon the State's resources to require discussion. The proper care of the infant and child will not abolish crime and degeneracy from the State, but it will make better citizens.

Beyond question the class most in need of information on this subject is the poor and illiterate, though by no means the only one. Its need is seen with those in affluence and in the middle walks of life. In these the ignorance on hygiene of childhood is more the result of apathy and carelessness than anything else. All classes need to be better informed on the question. Not only should this information be given but if necessary to preserve the health of the child proper sustenancy should be given the mother, where she is unable to procure it.

The State pays thousands of dollars every year to furnish experts for its citizens in the various departments of industry in which there is a direct money value. Yet it gives a mere pittance for the preservation of the health of it s people. It can spend thousands of dollars on giving information, as to how to raise potatoes and cabbage and how to kill bugs; it can send out lecturers all over the State in parties of two and three to give information in money-making matters; it can send a veterinary surgeon to investigate the occurrence of a rare disease in stock anywhere in the State; it protects the birds of the air; it pays money to protect the fishes of the sea; it levies a tax upon the doctor for the privilege of practicing his profession and then expects—almost demands of him—the task of warding off disease, with the resources he can furnish within himself.

It is making bricks without straw.

The profession does not object to the expenditure of moneys for the various objects enumerated, nor does it shrink from the responsibilities placed upon it. It only asks that the State shall assume its legitimate part of the burden, in caring for a most important class of its citizenship.

Ethics in Medical Journalism.

Differences of opinion in the policies of medical journals and the editorial treatment of the various subjects pertaining to the profession's advancement and welfare are as liable to occur, or we can say as certain to arise as are individual physicians to differ in consultations. These demand and should receive in their treatment the same courtesy that is given the latter. Calumny and personal abuse is as uncalled for —as derogatory to the professional esprit du corps and as useless in argument in one as in the other. All men are entitled to an indivdiual opinion, and within the bounds of propriety, to the free expression of that opinion. This is as true in medical journalism as in anyy other department of life., Should the views held be dangerous to the interests of the profession or inimical to its progress, the right to controvert them is not denied any one holding a different belief. No one is or can be the profession's dictator, and in no one is vested the right to prescribe the conduct and policy of a medical publication. The right to differ in opinion, to criticize, to point out that which may appear to another as error, if done in a proper spirit, with a desire to advance the interests of the profession, is the prerogative of every one, but this does not carry with it authority.

Long continued service, coupled with a discriminating judgment and established principles of ethics, is entitled to due consideration in expressing an opinion.

These ideas are put forth because there is in some quarters a disposition to use language too intemperate (in the opinion of the writer). In discussing differences of opinion among medical editors, in one well known case, because it has been freely exploited, a libel suit was threatened and an apology offered because of the language used in one journal in criticising another.

County Medical Societies.

We do not believe the profession is getting the benefits it should from county medical societies or that these societies are exerting influence of which they are capable upon the public. There is a reason for this, probably many reasons, contributing to the existing condition. Possibly the most potent one is an apathy on the part of the profession generally in attending the sessions and contributing to their interests.

The importance of organization has been dwelt upon to such an extent already that a further discussion would be but a rethreshing of old straw. The question is, how can we increase the interest of the profession in the county society? We do not know that we can answer this question, but in order to secure some information on the subject as a basis on which to form an opinion, we have been making notes for the past few months on reports in our exchanges of what wide-awake county societies are doing. The deductions from these notes we will present in the hope of some one or more features proving beneficial to the work.

Our first observation is that the most progressive county societies have a wide awake secretary, who as the executive officer plans and arranges a programme

in advance for each meeting, and gives notice of both meetings and subjects to be discussed. Occasionally there is a programme committee, to whom this duty is entrusted.

Frequent meetinngs are only exceptional; generally once a quarter.

At a recent meeting of a county society out in California the President announced that he and the Secretary would make a fraternal call upon each member of the society in the county for the purpose of furthering the interests of the profession.

In nearly all the societies reporting large, successful or enthusiastic meetings, there is also report of some social function in connection therewith. These take the form of banquets, refreshments, lunches, etc., to which are often invited members of the families of the doctors, public officials and friends. In one case in Pennsylvania special honor was shown the oldest member of the society in a banquet tendered him on his ninetieth birthday, and the giving of toasts and presentation of a loving cup.

An Iowa county society proposed to discuss Social Diseases and invited all the ministers, lawyers and school teachers of the county to the meeting. The result was very satisfactory in every way, and was the means of giving instruction on an important question and enhancing the influence of the profession.

In the President's address before the Iowa State Medical Society the speaker congratulates the profession on the increased attendance during the year in the meetings of the different county societies. He gives one reason for this —in the popular addresses by members of the profession before the public. An address is given to the public at night on some sociologic or economic problem society must meet. This educates the public on lines of advance in sanitary science, and fosters a better relation between the profession and the people.

We have heretofore noted with approval the action of some county societies in appointing a committee to give information to the public through the newspapers on matters of hygiene and sanitary science. This still impresses us as being one way of benefitting the State and community and securing an influence of lasting good to the profession.

We have recently expressed our views on the subject of medical libraries in connection with local and county societies. There benefits to the profession are pronounced and their establishment wherever practicable should be encouraged.

The larger societies, some at least, are attempting advanced experiments in medical socialism. The Detroit Society has instituted a medical defense feature for the protection of its members. The Chicago Medical Society has a medico-legal department for aid to its membership in malpractice suits, and it has been recently proposed to establish a business department to take charge of all book-keeping and collection of accounts of its members, and especially the adjusting and collecting of accounts of deceased members.

District councillor societies have been proposed and instituted in some sections with both pleasure and profit to the participants.

Large latittude is given the county society under the plan of organization adopted by the National and most State societies in matters pertaining to medical jurisdiction, and it is being used in various ways by different societies. The question of lodge and contract practice has been discussed by many, and the practice condemned by most

of those discussing it, one society giving notice that its members would refuse to consult wtih a lodge or contract physician. The regulation of fees and especially insurance examination fees, has come before a goodly number of societies. A few have used the society as a means of collecting fees by the adoption of a delinquent list, a procedure of which we do not approve.

At last the question still arises, how is the careless and indifferent doctor to be induced to attend the meetings of the society?

Editorial Spirit of the Medical Press.

"When Doctors Disagree."

Under this heading the editor of Medicine gives in the August issue some of the reasons for the proverbial state of affairs. The many evils originating in the condition are noted, principally its influence upon the public and the fulcrum it gives the enemies of legitimate medicine to foist their own peculiar tenets upon the public. These point out that medicine is not an exact science, as there is so much variance in the beliefs of doctors themselves.

The reasons for these differences are given as (a) the widely different attainments of the members of the profession, scholars, mediocres and illiterates, so if medicine were an exact science its principles would often be wrongly applied; (b) ignorance gives birth to inconsistences and fallacies, that reflect upon the whole profession, and erratic ideas are attributed to the whole profession instead of to individuals; dabblers in medicine condemn some measures untried, and others are unduly lauded; (c) apathy and slovenliness are a prolific source of differences; patients are not examined with due care and a correct diagnosis is not made, and erroneous views are held.

Medicine is an imperfect science, but is becoming more perfect (or nearer perfect) every day. The difference between so-called schools is over-rated and ti is growing less. There is practically none in surgical work and in internal medicine the difference is only in minor diseases.

Class of Medical Literature.

Door, of the Iowa Medical Journal, makes an excellent point on this question in an editorial in his July issue. In the crusade against tuberculosis there is much literature being distributed to the public by the various State Boards of Health. This is all right, for the public needs to be informed on these questions in order to render intelligent aid in the efforts of the profession to curtail its ravages. The point is made that a scientific treatise such as is needed by physicians should not be placed in the hands of the laity. Reflections on the older practitioners is not needed, and the mentioning of drugs by name for the treatment of the disease is dangerous as many will undertake the treating of the patient without consulting a physician, and without the necessary discrimination.

The Newspaper and the Profession.

During the 72d session of the Tennessee Medical Association there was held a symposium upon the prevention of tuberculosis, reported in The Southern Practitioner in July, 1905, participated in by representatives of the profession, the clergy, the laity and newspapers. Our present object is to note some views advanced by the last speaker, Mr. G. H. Baskette, of Nashville, most of which are commended for their

pertinency, sound sense and general utility.

He starts out with the idea he has gained in listening to the discussion, that prevention is the keynote; for prevention, publicity is essential; for publicity, the newspaper is pre-eminent. The world depends upon the medical profession for its knowledge of disease, but the profession is charry of giving it; the world can't understand the discussions of the more exhaustive scientific subjects, but there is much that should be in possession of the people. The newspaper is the only means by which the people can be informed. Doctors reach their patients, but their influence is not felt by the public. The code of ethics seems to separate the profession from the public at large. The doctor is a little too cautious about the newspaper and his relations to it; he will not advertise but will let his name be used in connection with a notable operation. These great questions need to be given more publicity than a mere discussion in medical societies, and if the newspapers are to be utilized it must be by more than a report of discussions. The doctor must get closer to the public, not as a member of an organization, but as a public-spirited citizen, without fear of criticism. The people will be reached and influenced by the newspapers if systematically done, but learned discussions will not do it; it must be by constant education. In the sanitation of tuberculosis the newspapers stand ready to aid the doctors, but they want some assurance from the doctors that they will go at the matter in a way that is not narrow, and not confined to purely technical questions; that they will go to work like citizens and not be afraid of doing something unprofessional.

Laws will not control the situation. It must be by education and the doctors and newspapers can revolutionize things if they go at it in the right way.

All of which we commend to the consideration of the newspapers and doctors of North Carolina.

Meeting of the American Medical Association.

From the reports of the Portland meeting of the American Medical Association we would judge that it was a success. The attendance was not as large as at the immediate preceding meetings, but was larger than its friends had expected, some over 1,700 having registered. The address we have read so far are of a high order. The entertainment was excellent and the local profession untiring in its efforts to make the meeting on the Pacific coast a success.

Some of the work of the House of Delegates will be noted. Dr. William J. Mayo, of Rochester, Minn., was elected president. This is a deserved compliment to a young surgeon who has been doing some of the best surgical work of the world away from the great commercial and teaching centers, in a comparatively small and unknown town. Drs. Simmons and Billings were re-elected secretary and treasurer respectively.

The finances of the Association seem to be in a thriving condition. It seems to be accumulating money, investing in real estate and keeping a large bank account. We do not profess to be a financier, and do not see the necessity of the Association accumulating funds and investing in property beyond its actual needs.

Its action in regard to higher eductaion we have noted elsewhere.

The action of the trustees in appointing a Council of Pharmacy and the work of the council as thus far performed were endorsed. It was recom-

mended that the United States Department of Agriculture be requested to recognize the Council of Pharmacy by asking the Secretary of the Department to authorize the Bureau of Chemistry to co-operate with the council in its work.

The question of publishing a medical directory precipitated lively debate. The trustees recommended that the publication of the proposed blue book be abandoned, a directory of the registered physicians be published, the names of the members of the component societies to be printed in large type and non-members in ordinary type; the Standard Directory of Englehard & Co. to be purchased as a neucleus of the work—which was adopted.

Dr. J. N. McCormack, of Kentucky, was continued as the official organizer of the Association.

The standing committee on medical legislation made an interesting and valuable report, which we propose to notice more at length in the near future. Its recommendation that a permanent Bureau of Medical Legislation be formed was adopted by the Association.

The membership of the Association, June 1st, 1905, was 19,285, a net gain of 3,951 since the last report.

The next session of the Association will be held in Boston, the time to be announced later.

The Yellow Fever Situation.

It may be said that the spread of the yellow fever in New Orleans and vicinity is very materially checked and while it is not entirely abated the situation is under control of the health officers.

A review of the situation brings out very forcibly two prominent features that it would be well to remember in dangerous epidemics of any kind occurring in the future. The first is the ability of medical science through its representative experts to cope with epidemics of disease. To do so successfully full powers and authority must be given, backed up with ample means and above all a hearty co-operation and full confidence on the part of the public.

The second is the dangers arising from a shotgun quarantine promulgated by local authorities with no knowledge of the principles of sanitary science, in contempt of physicians and boards of health, and in utter disregard of the rights of citizens and the demands of commerce.

The action of the State authorities in putting the matter under control of the National government through the Marine Hospital department has proven beneficial in allying the panicy condition, and in centralizing the whole quarantine and fight against the disease under one head with expert assistants of the highest qualifications for the work.

Boil it Down.

Fitch, of Gallard's Southern Medicine, is giving advice to medical writers in the August issue. Summed up, it consists in urging that contributors shall be concise, write to the point, say what is to be said in as terse language as is consistent with clearness. This advice has often been given by others and our brother but accentuates a crying need that should be heeded in his reasons for the counsel given.

Practical Medicine.

Martin, in The August Medical Era, gives some excellent ideas on this subject. There is no room for practical ideas in a brain filled with conflicting theories. Most of medical literature has too much chaff and too little wheat and the doctor hasn't the time to separate the one from the other. A broad education is desirable, but the successful physician is familiar with the best,

instead of the greatest number of methods, to treat disease, and the books giving these without reference to other authors are the best. Writers are wanted that can show us how to do simple things better than we are now doing them. The practical physician is the only true representative of the profession, and what he needs is practical information that he can carry to the bedside,—rational suggestions adapted to the ever-changing aspects of disease. The great plea of the profession should be for more practical thought in those who mould medical opinion.

The Epidemic of Typhoid Fever at the Thomasville Orphanage.

Readers of the lay and religious press of a year ago will remember the serious outbreak of typhoid fever at the Baptist Orphanage at Thomasville. Dr. J. T. J. Battle, of Greensboro, made an investigation of the conditions and offered suggestions for checking the epidemic. It seems these were not received in good spirit by Rev. J. B. Boone, the general manager of the institution. Mr. Boone takes occasion to attack Dr. Battle in a vicious and libelous manner in his report to the trustees of the institution in July last. To this Dr. Battle has replied in a spirited manner, showing the animus of the attack and the inconsistencies of a layman's disregard for a medical opinion. It is this last point we wish to note and comment on. The differences between the two men, both members of the same denomination, are to be regretted and we would reconcile them if we could. The time when a layman could with impunity set up his opinion on a question of medical or sanitary hygiene against that of an educated physician is now long since past. It probably existed at some time in the past, but with our present knowledge of the causes of diseases and their prevention, it is foolishness personified, and the sooner the public learns to be guided by the profession in these matters the better it will be for it.

A Precocious Youth.

Out in California a boy of five years of age, the son of a physician, gave a lesson in osteology before a county medical society, in which he gave the names correctly of over four-fifths of the bones of the human body. We have heard of the "glorious climate of California" and this must be one of its products.

Feast For the Doctors.

The Wake County Medical Association enjoyed a delicious barbecue and Brunswick stew out at Pullen Park yesterday. There were fifty doctors present and the affair was pronounced by all one of the most delightful that the association ever held. Dr. A. O. Jones, Dr. W. C. Horton and Dr. W. D. MacNider were the committee on arrangements. Dr. Jordan spoke briefly, introducing Dr. J. M. Templeton, of Cary, who delivered an eloquent address that elicited the highest compliments from the doctors.

There was a large quantity of barbecue, Brunswick stew and beer left and this was sent to the soldiers' home, affording a delightful and much appreciated treat for the veterans.—Raleigh Post.

Mighty good way to have a full society attendance—and full doctors.

No Room.

The Fayetteville Observer recently gave a heart-rending account of two old women, being sent to the county from the Central Hospital at Raleigh after being there 20 years. No provision had been made for them, and they were incarcerated in the common

jail. Some explanations followed—the most potent one was that the room was needed for acute cases that might be benefited. The care of the old women was only custodial, and any one could do it. But these old women in the last days of their existence were jailed for no crime, but for negligence on the part of some one, and this same negligence will place more unfortunates in jail within the next two years.

Work of Young Surgeons.

The Memphis Medical Monthly, July 1905, chronicles with pleasure the indications of the progress of surgery as shown by the work of young men in remote districts. The work is accomplished under many difficulties—hasn't opportunity for operating on many similar cases, no hospital facilities, and no staff of assistants, yet reports show that young men all over the country are doing excellent work.

Children's Nerves and Play.

The editor of Archives of Pediatrics (July, 1905) calls attention to the fact that many children show derangement of the nervous system for the want of proper exercise in play. The great difference between city and country children is that the former do not know how to play. With the city child there is a lack of facilities for wholesome relaxation. Even in the better classes there is too much formality in the efforts to give the child exercise. The individual activities are repressed and spontaniety is unknown. The muscles of the child need exercise to prevent extra work upon other organs. The physician has an opportunity for doing great service to the rising generation by encouraging facilities for play.

Most Satisfactory Treatment of Hay Fever.

An editorial in The Southern Practitioner for August, 1905, claims a solution of the suprarenal gland as the most efficient treatment of hay fever. It is superior to cocaine and without its dangers and unpleasant after effects. It can be used by local application of 1-1000 directly to the nares on swabs of cotton, or by a spray of the same strength to the nasal and throat cavities and by deep inhalation, if it is desired to reach the lower air passages.

Selections From Our Exchanges.

The Treatment of Chronic Nasal Catarrh With Sulphur.

Louis Kolipinski says that sulphur is valuable in simple chronic rhinitis, in the hypertrophic stage; intumescent rhinitis is relieved by it, but the effects of it in atrophic rhinitis are not so good as durng the earlier stages. In phlegmonous rhinitis the disease is often absorbed by it. Hyperplastic nasopharyngitis is improved and scrofulous rhinitis can be much helped by sulphur. The immediate effects of sulphur are to check the purulent irritating discharge, heal the excoriations, improve the patients pale and languid looks and stop the sniffling, sneezing, crust formation and odor. In epistaxis from any cause this is one of the best applications, but should be reinforced for twenty-four hours with the gauze tampon. Sulphur will not cure the coryza of acute nasal catarrh, but in chronic diseases not requiring surgical aid and with the membrance not destroyed by atrophic degeneration, sulphur gives lasting relief from all the persistent symptoms. Sulphur my be a useful postoperative dressing, particularly in the surgery of the nasal cavities. The best galenical

preparation is the official sulphur præcipitatum, U. S. P. The powder is blown into the nostrils with a strong powder blower. Applications are made two or three times a week for a month or months.

Rheumatism of Childhood.

W. C. Hastings, M. D. (Northwest Medicine), says we are too prone in making our examinations of children to base our ideas of rheumatism upon the well known symptoms in the adult, namely, severe pain, great swelling, high fever, scanty urine, etc., forgetting that a child with rheumatism may and generally does present a different array of symptoms; in fact, but few of the well recognized symptoms accorded to rheumatism may be present. So that, unless great care be exercised, we may not be aware of the real trouble until brought face to face with a serious valvular lesion. Well marked cases of rheumatism are very rare before the fifth year. However, he has seen a case in an infant only a few months old. Acute articular rheumatism is quite rare in children, but the other manifestations are growing pains, eczema, erythema, purpura, chorea, migraine, torticollis, gastralgia, anemia, tonsillitis and heart affections. When we have a case of acute articular rheumatism in a child, the swelling may be extremely slight, attended with but little redness and pain, and the fever may be very moderate. If this be the case with articular rheumatism, how shall we recognize rheumatism that might well be called the anarticular? Given an hereditary predisposition, attacks of tonsillitis, growing pains, easily fatigued, anemia, functional nervous disorders, namely, sleeplessness, irritability, erythema,—and you have a case of rheumatism. Malassimilation, growing pains and tonsillitis are very reliable sign posts. However, you may not have all these indications; there may be only a history of tonsillitis, with a very tedious recovery. Here we must not fail to examine the heart, or a dangerous endocarditis may be in full bloom before we are aware of it. Pericarditis, fibrinous, serofibrinous or purulent, sometimes attended with delirium, may occur; so also may myocarditis. One attack predisposes to other attacks, consequently these children need the very best hygienic care, for repeated invasions of rheumatism will assuredly produce heart lesions of greater or less severity. Always look upon "growing pains" and tonsillitis with suspicion. Likewise some skin diseases, erythema, eczema, etc., are of undoubted rheumatic origin. Night terrors and sleeplessness are sometimes offshoots also, as well as migraine and gastralgia.

There is one condition upon which he lays particular stress, and that is chorea. There is a difference of opinion as to the percentage of chorea cases that are rheumatic, but undoubtedly the great majority are engrafted upon that diathesis. The treatment is largely hygienic, avoiding as far as possible all conditions that have a tendency to aggravate and cause rheumatism. In regard to diet, the concensus of opinion is that "rheumatic children do much better upon a diet composed largely of nitrogenous food and that the sugars and starches should be restricted in amount. Milk should be freely given in all cases" (Holt). The remedies given should meet the particular condition in which the rheumatism manifests itself. Those usually indicated are the same as in adult life. Thus we have for the more acute cases sodium salicylate, oil of wintergreen, salicin and salol. Alkalies are indicated particularly in those cases where there is a hyperacidity of the urine. But sub-

acute cases are often little or not at all influenced by the salicylates and the alkalies, and here we have to depend on the use of general tonics, as iron and cod liver oil. In order to protect the heart during a rheumatic attack absolute rest and an equable temperature for the patient must be insisted on and procured. For chorea of rheumatic origin we have the salicylates and cimicifuga racemosa, of which give the fluid extract, ten to fifteen drops in water, three times daily. While in the non-rheumatic cases of chorea we have arsenic—Fowler's solution—the most valuable remedy we possess.—Pediatrics.

Treatment of Hypertrophy of the Prostate by the X-Rays.

At the last meeting of the Vienna Medical Society, D. Moszkowicz (Lancet, May 20, 1905) showed several cases of enlargement of the prostate in which he had tried a new method of treatment. As the enlargement was due to the hypertrophy of the glandular tissue chiefly, and as this tissue was easily influenced by the X-Rays, he directed the rays of a "soft" tube through the rectum toward the gland. Of three men who were shown, the first was sixty-six years old, and after three exposures, each lasting fifteen minutes, he was able to pass urine spontaneously. The second patient was seventy-seven years old, and his prostate was enormously enlarged and very hard. The same treatment was adopted, and now he can pass urine freely, but some of it is still retained. The third patient was completely cured. Two of them had severe hemorrhagic cystitis, and one had epididymitis after seventeen days. It was difficult to say whether these complications were the effects of the rays. As regards the technique a rectal speculum was used, and the surrounding parts were covered by lead. Moszkowicz intends in the future to use bromide of radium, which may be applied by means of an ordinary catheter, and can be directed exactly toward that part of the gland which compresses the urethra.—Med. Age.

Eyestrain as a Cause of Headache.

There has been considerable diversity of opinion as to the effect of eyestrain in the development of various morbid states, but there is a growing conviction that, while such strain can not be held responsible for all the ills that have been laid at its door, it is still an important factor in the etiology of certain symptomatic conditions. Of course, it has long been known that eyestrain is a prolific cause of headache, and other attendant phenomena, including nausea and perhaps vomiting. It can be conceived also that it may be the means of exciting the occurrence of a paroxysm in the case of such neuroses as migraine and epilepsy, but here it can be considered only as an accessory factory. Sydenham's chorea is an infectious disease and has, of course, no relation to eyestrain, but blepharospasm may be induced by conjunctivitis secondary to eyestrain or other cause, and various attitudes of the head and movements may be brought about by attempts to secure easy and clear vision on the part of eyes whose refraction is abnormal or whose muscular apparatus is ill balanced. An interesting confirmation of the relation between eyestrain and headache is presented by Dr. G. L. Walton (Boston Medical and Surgical Journal, June 22, 1905), as the result of a comparative study of the prevalence of headache in 100 healthy individuals, with preserved vision, in 42 persons partially blind or totally blind, after the habit of fixation and convergence had been es-

tablished, and in 90 persons totally blind from infancy, and thus free from eyestrain. Of the first group 31 per cent. had never had headache, while 69 per cent. suffered from headache with greater or lesser frequency. Of the second group only 29 per cent., while of the third group 66 per cent. had never had headache. The frequency of recurrence of the disorder was about the same in all of the cases in which it occurred at all.—Med. Record.

A Possible Source of Contagion in the Exchange of Mineral Water Bottles.

It has, recently, repeatedly happened that harm to the consumer of mineral waters and bottled beverages has resulted through the carelessness of manufacturers.

For example, the refilling of a bottle with ginger ale which had been used by a photographer for a poisonous developing solution and resulted in the death of one person and the illness of several, caused a one-day scandal. The manuufacturer, in his own defense, claimed that the photographer was at fault in leaving poison in the bottle. Responsibility for the absolute cleanliness of bottles used for the storing of potable liquids was not assumed by the manufacturer.

Carelessnes in this regard may be more widespread than is generally supposed. Unless the makers exert themselves to secure cleanliness of the containers there is cause for considerable alarm, since not only the inside but also the outside of bottles imperfectly cleaned may prove harmful. Vichy and seltzer bottles, for example, are often carried into sick rooms where contagious illnesses exist, and should invariably be thoroughly sterilized between each refilling. The condition of the paper label on the outside of these bottles often shows, however, that this has not been done. We take the liberty of referring this matter to the local boards of health, since the examination of the conduct of bottling establishments falls within their jurisdiction. — Brooklyn Med. Jour.

The Successful Treatment of Foreign Bodies in the Digestive Tract by the Internal Administration of Cotton Wool.

W. Blair Bell refers to several cases in which he has used cotton wool in order to carry along foreign bodies which had been swallowed. One child had swallowed a gold brooch. The writer teased up very finely a small handful of absorbent wool, part of which he adminsitered in milk and part in jam sandwiches; some hours later he ordered a dose of castor oil. In the morning there was a copious motion, in which were found several egg-shaped lumps of cotton wool, in one of which the brooch was closely packed. The second patient swallowed a small brass bed-knob. A skiagram was taken, and the knob was seen to be still in the stomach. A handful of absorbent wool was administered in a dish of bread and milk, and at night a dose of castor oil was given. The knob was passed on the next day. The writer believes that the wool may act in one or two ways—either by directly enveloping the swallowed body or by matting the feces together around it.—Medical Press and Circular.

Food Adulterations Advertised.

In Paris the municipal authorities are making efforts to keep the food supply pure. If a Parisian suspects that any article of food he has purchased is adulterated he has the privilege of taking it to a municipal laboratory, where it will be analyzed free of charge. The

city undertakes the prosecution, if need be, of the offender, who, if the case be proved, is liable not only to fine and imprisonment, but to the exposure in his shop window of a notice of "conviction of adulteration." Methods of this nature, whereby the public is informed as to who sells adulterated food, will soon put a stop to such practices. —Med. Age.

The Criminal Alliance Between the Newspapers and Patent Medicines.

The current number of Collier's Weekly prints an important editorial under the above title. To strengthen its utterances the article is given a wide border made up of half-tone reproduced advertisements clipped from the pages of leading daily papers in several of our most enlightened centers of population. In the same issue of the paper is an editorial which refers to the way in which many of our best cities are systematically infected with typhoid fever—a way which should bring the blush of shame to the face of every city official whose name is on the pay-roll of any of the cities named.

Indeed it is high time that the entire educated American people should rouse from a lethargy, the result of a belief which many have that we are easily the most highly civilized nation on earth. There are many respects in which European countries give us by comparison an appearance which strongly resembles an amount of currency less than a half-dollar which has long been the proverbial standard of cheapness; and this without making a comparison between the death rate from typhoid fever in the Japanese army and our own mortality during the Spanish-American war.

The patent medicine habit has taken firm hold on the peopple—they are constant druggers—as Mr. Hapgood suggests, old ladies who would indignantly refuse to partake of beer or any other known alcoholic beverage, habitually sustain their flagging spirits with peruna cocktails or safe-cure toddies. In the creation of this national drug-habituation the newspapers have played a principal part. By direct inference, also, for a large part of the wherewithal to be fed and clothed the newspapers are directly beholden to the proprietors of the death-dealing patent medicine.

Retail druggists are right in denying responsibility for this drug-craving that compels them to sell the stuff—and physicians, who are occasionally blamed, have little or nothing to do with it. The manufacturers and the newspapers are to blame—and it is this class of offenders that laws must reach if the evil is to be mitigated.

Incidentally it might be as well to do two things: To enforce the law regarding the advertising and sale of abortifacients and to encourage in every way those daily papers and other periodicals who refuse to become particeps criminis by carrying such advertising or who join in the holy war against the criminal manufacturer of poisons especially prepared for self-administration.—Western Medical Review.

Summer Diarrhea.

By Dr. C. G. Kerley (N. Y. Medical Journal). The author outlines the number of cases treated, mild and severe, and the number of days ill when first seen; the condition of child; number of passages in 24 hours; character of passages, whether watery, slimey, bloody or almost pure blood; the kind of food taken, its quality and frequency. He states that, out of 682 cases they had but 21 deaths. His method to try to secure a pure food and to make the contents of the intestinal tract as poor a culture field as possible. No matter

how mild a summer diarrhea it should be treated promptly and energetically, as no one is able to tell with certainty the nature and extent of the lesions. At autopsy he has often found no lesions where grave ones were expected and in others extensive ulceration where the child has passed but little mucus and no blood and had died after very short illness. A case mild at the outset and which the physician often considers a mild case of indigestion, if fed on milk, will develop a violent intestinal infection. For diet no milk is allowed till stools are practically normal, even if for weeks. As substitutes are given cereal waters and gruels, preferably of barley and rice. If the child soon tires of this vary it by adding one or two ounces of broth to every five or six of the cereal water, using beef, mutton or chicken. But he cautions against too much broth lest it increase the diarrhea. Avoid brandy and whiskey, on account of irritating stomach and kidneys. The white of egg he has discarded as it does not digest as well as the cereals. For medicine he first gives the child a dose of calomel, gr. 1-20 or 1-10 every half hour until 1 to 2 gr. are taken, if there is vomiting. Oil is preferred in absence of vomiting, especially if quick result is desired. After cathartic acts he gives bismuth subnit., gr. 10, every 2 hours, regardless of age. It it is not converted into sulphid of bismuth, as shown by failing to turn the stool black, and due to absence of pancreatic digestion, he adds sulphur, gr. 1, to each dose of bismuth. Opium is indicated with severe pain, tenesmus and frequent stools. When pain is not sever and child has 4 or 5 foul movements daily, with fever and prostration, he gives laxative. Irrigation of colon is given every eight hours in cases with green mucus, with or without blood. He uses saline and, in case of blood, one per cent. tannic acid solution. If fever is high use water at 60 or 70 degrees. If temperature is subnormal or patient weak use it at 110 degrees.—Pediatrics.

Immunity, Chapter XXII, Concluded

The subject of typhoid fever is continued in Chapter XXII of the special article on Immunity (Jour. A. M. A., August 19, 1905). Certain gross and microscopic changes, the essential feature of which is the massive proliferation of endothelial cells in the lymphoid organs, are explained, and the occurrence and possibility of mixed infections are noted. The greatest susceptibility to typhoid is during adolescence; the resistance of infants and young children is not readily explainable. In some cases it may be hereditary. The conditions rendering older people less susceptible are no better understood. These individuals may have been gradually immunized by entrance of non-pathogenic bacilli into the circulation. Natural immunity, to a certain degree, is dependent on the HCl content of the gastric juice. Immunity, after an attack of typhoid, is usually of long duration, though second attacks are not uncommon. Acquired immunity of this type is characterized by the appearance of bactericidal amboceptors, agglutinins and typhoid precipitins in the serum of the individual, but the resistance persists after the bactericidal power of the serum has returned to normal. It is well established, however, that, although the antibodies may have disappeared entirely, they are formed anew much more readily as the consequence of an old infection. The tissue cells have been trained and form new bactericidal amboceptors to overcome incipient infection. The prophylaxis of typhoid should begin with thorough disinfection of stools and urine till the bacteria have completely disappeared.

The advisability of using hexamethylenamin for urine disinfection in this disease is worthy of consideration. During epidemics the water used by a community for drinking, washing dishes, etc., should be boiled and that used for general cleaning may be otherwise disinfected. The possibility of infection by dust or flies should not be overlooked. There are two methods of specific prophylaxis against typhoid: 1. Injection of antityphoid immune serum; 2. Preventive inoculation with killed cultures of the bacilli. The first gives a fairly strong immunity, but of short duration; the second methods protects to some extent for one or two years in most cases. The methods of preparing the vaccine, the local and general reactions and the conditions in which it is available are noticed. The inoculation is followed by a short period of increased susceptibility, but this, it is thought, can probably be eliminated by mixed active and passive immunization; combining the injection of antityphoid serum and vaccine. Other methods of serum treatment are also noticed. The agglutination phenomenon as a diagnostic sign was described in Chapters X and XI, but it is not absolutely reliable. For diagnosis previous to the formation of agglutinins, blood cultures should be made as previously described.

Life Saving in an Army.

Japan is willing to use up the lives of tens of thousands of her soldiers on the field of battle. She is not willing to waste a single soldier's life by disease if she can possibly help it.

Those two principles put together make an almost ideal policy for warfare, if wars must be fought. Nevertheless, there are many great nations, proud of themselves, that have no practical conception of the importance of life-saving along with life-using in their armies. It is to Japan's credit that she sees clearly and aims high in this regard.

The Japanese standards are, however, but a matter of momentary interest compared with the Japanese ability to achieve the end in view. This latter is a modern miracle. The reports from the chief surgeon of General Oku's army tell a most wonderful story.

In seven months of campaigning, from May 6th to December 1st, just forty men in his army of more than 100,000 men died of disease. Nor was this record due to lack of sickness. The cases of disease treated, all told, numbered 24,642. Of these 18,578 recovered while on duty or in the field hospitals, 5,609 were sent to Japan for treatment, and, except for the forty dead, the remainder were undergoing treatment with the army at the date of the report. Typhoid attacked only 193 soldiers, dysentery only 342, but beriberi afflicted 5,070.

The figures for typhoid and dysentery are most significant. Clearly, Japan has mastered those dreaded diseases against which our Western armies are seemingly powerless. No remembrance of our war with Spain is more vivid than the frequent hospital boats and trains full of typhoid convalescents.

In our little war with 270,000 men under arms, but not more than a tenth of them in active service, the death roll from disease was 4,965. Allowing for relative size of armies, but not for difference of service, at least 4,850 of those lives would have been saved if we had attained to General Oku's standard.

Our army surgeons may now go hat in hand to and pick up crumbs of wisdom at the Japanese doorsteps.—Med. Mirror.

Saline Transfusion and Infusion in Mental Disease.

In the Albany Medical Annals for April, Dr. J. Montgomery Mosher publishes the third annual report of Pavilion F of the Albany Hospital, for the year ending February 28, 1905. The Pavilion F is that for mental diseases. Dr. Mosher has a good opinion of the value of saline solution in those cases of mental disturbance characterized by a condition of toxemia. He is against the administration of hypnotics in acute cases of mental affection characterized by exhaustion and a toxic state, due usually to irregularities of excretion, particularly of the digestive tract. The writer thinks that the rational treatment of such a condition as to promote elimination, by purging and by the administration of large quantities of liquids by which the activities of the kidneys and skin are stimulated. In regard to the value of decinormal sal+ solution, he refers with approval to a monograph on "Transfusion and Infusion," in the Wiener Klinik for July and August, 1904, in which Dr. Van Amstel reviews the subject and its literature, and he analyzes the following summary of the indications for saline infusion: (1) In extreme grades of anemia, no matter what the cause, as following severe hemorrhages during and after childbirth, in placenta prævia, after capital operations, wounds, hemorrhages from the stomach and lungs. (2) In severe losses of the body fluids, as in Asiatic cholera. (3) For irrigation of the human organism in (a) acute poisoning, (b) autointoxication, as the typhoid state, diabetic coma, puerperal fever, puerperal eclampsia, bubonic plague, and uremia. (4) As modified by Landerer by the addition of sugar, in chronic anemia, for artificial alimentation. Mosher adds that in Group (3) should be included the condition of extreme mental exhaustion with autointoxication, of which the symptoms are acute delirium or profound stupor. It is a well known fact that many cases of mental disturbance are accompanied, perhaps even caused, by a condition of the digestive tract which gives rise to autointoxication. This is especially true in cases of delirium or hallucinations arising from over-indulgence in stimulating beverages. Hypnotics have a temporary soothing effect, and are occasionally necessary, but in the long run these do more harm than good. The common sense treatment is to get rid of the toxic substances in the system by means of purging and by stimulating the action of the kidneys and skin.

Typhoid Fever in Infancy.

At one time it was believed that young children did not suffer from typhoid fever, until it was demonstrated by Rillet and Taupin, in 1840, that "remittent gastric fever of children" was really typhoid fever. Dr. Otto Grunbaum writes in the British Journal of Children's Diseases for April, 1905, an exhaustive article dealing with this subject. The writer points out that Koch has insisted emphatically that cases of typhoid fever are frequently missed in infants, and may become centers of infection, and that, therefore, every precaution should be taken. Dr. Grunbaum considers that as typhoid fever in infancy is often mild and difficult to diagnose, it is wise to look upon all doubtful cases as infectious and to treat them accordingly. Dr. George Carpenter also writes, in the same journal, on the same subject, and remarks that the disease in infants is in the experience of all clinical physicians of very rare occurrence, or it might be more accurate to say that the disease is but rarely recognized. When it does

arise it is usually of an exceedingly mild type; it is apt on occasion to be wanting in essential symptoms, and it may run its course without fever. The danger lies in the fact that unrecognized typhoid fever in infants may be the means of spreading infection. Consequently all doubtful cases should be treated in the same manner as if they were clear cases of typhoid fever.

Responsibility for Published Statements.

A physician of Lyons, France, preparing for an operation for hydrocele, injected forty grams of a 5 per cent. solution of cocain—about 30 grains—and the patient died within twenty minutes. The physician pleaded in defense that he had followed the directions in Tillaux's Manual of Clinical Surgery, second edition, and the Lyons court in acquitting him stated that the citation from the text book of Tillaux—who was formerly President of the Paris Academie de Medecine, freed the physician from all responsibility. This decision, while fortunate for this physician, seems an exceedingly unwise precedent; any educated man should think for himself and not follow blindly. A third edition of the book referred to advised about ten grams of a 1% solution of cocain—a grain and a half.—Railway Surg. Jour.

Cancer Serum Ineffectual.

Some time ago it was dramatically announced by Dr. Doyen, the well-known Parisian surgeon, that he had perfected a serum which would cure cancer. He asked the Paris Surgical Society to appoint a committee to investigate his claims. This was done, and after five months spent in investigating the facts these experts have submitted their report to the society. It is anything but favorable. According to the report the serum when first used causes a temporary improvement in some cases, but it never cures. Of the 26 cases examined, 20 became much worse under the treatment. The opinion is expressed by the committee that Dr Doyen mistook his desires for facts. —Med. Age.

Intestinal Obstruction.

D. F. Talley (American Medicine, May 20, 1905) reports eight cases. He emphasizes the fact that in acute cases the life of the patient depends on early recognition of the obstruction and prompt surgical intervention. However, there are two difficulties in the way of early operation: (1) It is hard to make a positive diagnosis in the first twenty-four hours—indeed, in some cases impossible, unless an exploratory laparotomy is done. (2) There is a tendency on the part of the patient, his friends, and also the physician, to wait and see what purgatives and enemas will accomplish. In view of these facts Dr. Talley advises that when a patient suffers extreme pain in the abdomen, especially in the epigastrium, which is not relieved by an ordinary dose of morphine, when he vomits and his bowels do not respond in ten to fifteen hours to the usual purgatives and enemas, we should diagnose intestinal obstruction; the error then will be on the side of safety for the patient.—Med. Age.

Anemia in Porto Rico.

There has recently come to our table an Abstract of the Report of the Commission for the Study and Treatment of Anemia in Porto Rico that is very interesting reading. Medical men from the United States have been struck by the anemic appearance of a large proportion of the natives of Porto Rico. So numerous were these sufferers that

the Governor of Porto Rico, Hon. Beekman Winthrop, in accordance with an "Act to provide for the study and suppression of the disease known as 'Anemia' in Porto Rico," appointed a committee to thoroughly investigate this matter. This committee, Bailey K. Ashford, M. D., Capt. Asst. Surg. U. S. Army; W. W. King, M. D., U. S. Public Health, and P. G. Igaravidez, M. D., Marine Hospital Service, of Bayomon, have made report of their labors during the progress of which they found that Chronic Uncinariasis was responsible for the anemic condition of the people. The following summary of the work of the commission is taken from the report:

SUMMARY OF THE WORK OF THE COMMISSION FOR THE STUDY AND TREATMENT OF ANEMIA IN PORTO RICO.

As early as 1899, Dr. Bailey K. Ashford, who later became a member of the Commission, discovered ankylostoma in the feces of anemic patients who were then crowding the field hospital at Ponce. This was the first demonstration of the parasite in Porto Rico, and the first positive evidence that the disease known as "anemia" or "pernicious anemia" in that Island was in reality "ankylostomiasis," or, as the Commission prefers to style it, "uncinariasis." The parasite was afterwards identified as Uncinaria Americana by Dr. Charles Wardell Stiles, Zoologist of the Marine Hospital Service of the United States.

During the ensuing years, a great deal of study and research was devoted by Dr. Ashford, and other Americans in Porto Rico, to the disease known as "anemia" in that Island, and the very great number of cases which developed immediately after the cyclone which swept Porto Rico in August, 1899, gave a fresh impetus to the interest taken by the people and the Government in that disease. So prevalent had it become in that Island, that fully ninety per cent. of the population had become affected.

The Commission for the Study and Treatment of Anemia in Porto Rico was appointed in February, 1904, by the Governor of the Island, under an act of the Legislative Assembly thereof. The Commission established a hospital consisting of tent-wards, first at Bayamon, and later at Utuado, "in one of the most anemic districts of the Island." In addition to hospital accommodations for bedridden patients, the Commission also established a dispensary for walking patients at both places mentioned. A laboratory was equipped with the necessary apparatus and careful examinations of the feces and the blood were made in a large number of cases.

The Commission treated a grand total of 5,490 cases of uncinariasis, of which were:

Cured	2,244
Practically cured	377
Improved	1,727
Result not recorded	522
Never returned	224
Ceased to return	283
Unimproved	86
Died	27
	5,490

At the very start of the work of the Commission at Bayamon, it developed that uncinaria was solely responsible for nearly all the cases of anemia in Porto Rico. It was present in 947 of the 951 cases at Bayamon, a few patients showing some contributing causes, as advanced tuberculosis, chronic dysentery, etc.

The mode of infection with the un-

cinaria may be by mouth, through contact with dirty hands, through eating dirty vegetables, etc., but in most instances, at least in Porto Rico, the infection takes place through the skin, e. g., by walking barefooted, the parasite being deposited between the toes with the mud, and penetrating into abrasions. Water is, however, necessary for the maintenance of life in the parasite, and, therefore, dry dust is not as dangerous as liquid mud. It is for this reason that a large number of infections occur during the rainy season, and that so many cases followed the misery and want caused by the cyclone in Porto Rico, which compelled many formerly prosperous people to walk barefooted.

THE TREATMENT OF UNCINARIASIS.

This phase of the subject was thoroughly investigated by the Commission. The object of the treatment pursued was first to remove the parasites from the patients, and then to cure the anemia and the other symptoms incident to the disease.

To kill the parasite the Commission used thymol, malefern, and betanaphthol. Of these three remedies, thymol was used in the majority of cases, inas much as it proved to be the most efficient drug for this purpose. First, the patient received a purge of salts,. On the following day he was made to fast till nine o'clock, and then was given thymol in doses not exceeding four grammes. Then another purge was given to remove the bodies of the parasite killed with the antiseptic. The purpose of the first purge was to clear the intestines of mucus, etc., so as to allow the thymol to act. The thymol and purge treatment was then resumed once a week until the feces showed no more uncinaria.

Iron was given in the cases of severe anemia that required it. A number of special cases in which the anemia was particularly severe were treated with Pepto-Mangan (Gude).

In eighteen cases in which the anemia was especially severe the patients were on the advice of the Commission placing on Pepto-Mangan (Gude) to combat the anemia with the most happy results.

As a whole, the report is extremely interesting, and it is indeed "glad news" to learn that a whole people can be lifted from a veritable "slough of despond" to a condition in which they can enjoy life and engage in its activities.

It is gratifying also to learn of the ease with which the parasite is destroyed and its evil effects on the organism combatted when proper agents are used.

One other point of especial interest to medical men is the remarkable results that have followed the use of Pepto-Mangan, as shown by the histories cited. The chain of evidence presented in the reports is complete; the observations were made by men of undoubted ability and veracity, hence the report can be accepted as a thriumph for thymol as an agent to destroy the parasite and Pepto-Mangan as a constructive to overcome its effects on the blood and system generally.

Treatment of Anemias.—For secondary types Packard recommends Fowler's solution and iron (syrup of iodide for children); good, nourishing food and abundance of fresh air. He treats the progressive, pernicious form with absolute rest and careful diet; open bowels and intestinal antisepsis; inhalations of oxyygen; and with arsenic well diluted, beginning with small doses and increasing up to the point of tolerance. —Denver Med. Times.

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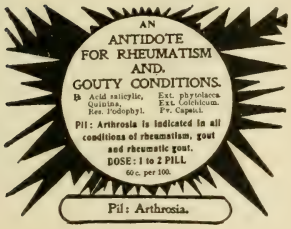

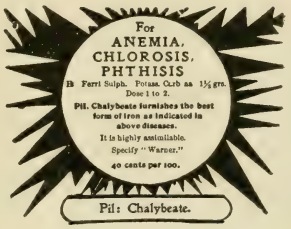

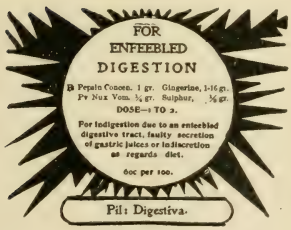
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Diagnostic Hints

(International Jour. Surg.)

Many cases of tubal tuberculosis will be found in operating for chronic and subacute appendicitis. It is advisable in women to always gain an idea of the pelvic condition, if possible, when the abdomen is open and the diagnosis questionable; especially is this true if free fluid is found without sufficient active condition of the appendix to account for its production.—Dr. C. H. Mayo.

Chronic appendicitis now seems to me the most important and the most common of abdominal and pelvic diseases in women. The suggestion has often been made that there is some relationship between a movable kidney and chronic appendicitis. My opinion is that it is only a relationship by accident, that the movable kidney is not a diseased condition nine times out of ten, and that if a woman who has a movable kidney and is suffering from pain in her right side, will have her appendix removed and her kidney left alone, provided that there are no urinary symptoms, that she will be cured. —Dr. A. MacLaren.

If acute symptoms supervene upon chronic obstruction there is almost certainly a stricture of the large intestine —strictures of this are virtually always carcinomatous—for except gall-stones the only chronic obstruction of the small intestine is that due to compression of a large extent of gut from some form of chronic peritonitis, and this compresses so much bowel that strangulation behind the compression rarely, if ever, occurs.—Dr. W. Hale White.

A Meckel's diverticulum has frequently been mistaken for a vermiform appendix and an inflammation caused by a diverticulum has been pronounced appendicitis.—Dr. J. E. Moore.

Recurring attacks of colic referred always to the same side with pain radiating downward along the genito-urinary tract, accompanied by hematuria, with usually a diminished quantity of urine before and during the attack, and an increased quantity after the attack, are the most reliable indications of a stone impacted somewhere between the kidney and the bladder.—Dr. B. Tenney.

Given a patient with slight infiltration of the apex of one lung, or a suspicious epididymitis, a renal tuberculosis, a tubercular peritonitis or a lymphatic infiltration, even without the finding of the bacillus or any other sign of consumption, who develops vesical symptoms, it is better to consider it a case of tubercular cystitis than to remain in doubt until the contrary is proven. This is a good rule to follow as a matter of routine practice.—Dr. J. B. Bissell.

It used to be said that a sprain was worse than a break, but from my experience of the last four or five years, I feel quite certain that the majority of sprains which do not promptly recover are in reality breaks. Among the most common of these unrecognized fractures is that of the scaphoid bone of the wrist.—Dr. E. A. Codman.

The diagnosis of pneumothorax, either traumatic or idiopathic, is not difficult. The latter (idiopathic pneumothorax) is due principally to tuberculosis; 3 to 8 per cent. of tubercular cases have pneumothorax. The absence of respiratory sounds, the distant bronchial breathing, the tympanitis percussion note, the displacement of the mediastinal contents and diaphragm, the bulging of the intercostal spaces and, if needed, the more positive evidence of the radiograph, confirm the diagnosis.—Dr. J. B. Murphy.

ARE YOU IN PAIN?

YOU will probably ask this question more frequently than any other. To be able to relieve pain, whether it be a slight nervous headache or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant. The ideal remedy must not only do its work, but it must also do it quickly. Touching this point Prof. Schwarze (*Therapeutische Monatshefte*), writes upon tne treatment of the forms of dysmenorrhoea associated with pathological anteflexion, retroflection in the virgin uterus, and the different forms of congenital deformity of the uterus. This class includes tenosis of the external and internal os and all forms of dysmenorrhoea in which no anatomical changes can be demonstrated. He believes the coal-tar analgesics are of use as well as the preparations of iron and sodium salicylate. Other practitioners find that it is necessary, in many cases, to administer codeine in small doses, and antikamnia and codeine tablets would seem to have been especially prepared in its proportions for just these indications. **The codeine in these tablets is especially prepared, does not induce habit, is non-constipating and is chemically pure.**

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The formation of pus and decomposition of loose or broken-down tissue is prevented by the application of Phenol Sodique. After first bandaging let remain until healthy granulation has ensued; as thus the burned portion is protected from the air.

Phenol Sodique soaked through the already applied dressing in quantities sufficient to keep the dressing moist will give excellent results. The close relationship existing between the kidneys and cuticle should not be lost sight of. The skin when burned cannot eliminate the impurities, so forces this additional labor upon the kidneys. This condition should be watched and kidney treatment, if any, judged accordingly.

A severe case of burns, caused by the explosion of a gasoline stove, recently come under notice of the writer. The patient, a carpenter by trade, was severely burned about the face, neck and hands. Although intense suffering was caused by the burns an immediate application of undiluted Phenol

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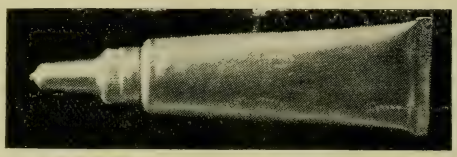

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Phenol Sodique is the best, safest and most generally used antiseptic for cuts, burns, sores, catarrhal conditions, etc. The uses to which this antiseptic can be applied are very numerous and can be better understood from the published literature on these subjects.

There is nothing more exasperating than chronic prostatitis, when diagnosed and treated as chronic gonorrhœa. The patient must feel grateful indeed to the physician who knows to distinguish, who recognizes the condition and institutes rational treatment, consisting in stimulating the circulation in the prostate gland, in order to eliminate the products of inflammation. While the shreds, the detritus are carried upward and discharged through the urethra, new fibrous tissue will form where the inflammation had destroyed glandular structure. A Zerodone in which warm water is circulating, introduced into and kept a certain length of time twice a day in the rectum, will serve admirably well.

Similar treatment will be gratifying in case of acute prostatitis; topical application of dry cold will relieve the painful symptoms, ischuria and painful micturition, only in this case ice water instead of warm water is to circulate through the Zerodone.

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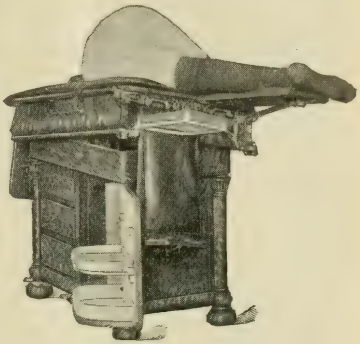

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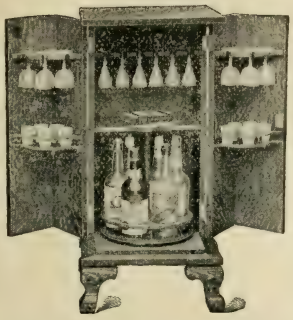
In this progressive age it is pleasing to note that the pharmaceutical chemist is keeping well to the front in the matter of improving the older preparations as well as in the production of new and more valuable ones. Notable among these achievements is Hagee's Cordial of Cod Liver Oil Compound. It is an elegant combination of particularly useful remedies which are too well known to require more than casual mention here.

Each fluid ounce represents thirty-three per cent. pure Norwegian Cod Liver Oil with six grains Hypophosphite Lime and three grains Hypophosphite Soda in perfect solution.

Combining as it does palatability together with the most active tonic, alterative, reconstructive and digestive properties, it is well tolerated by the most sensitive stomach and in my experience has never failed to produce a decided improvement in the digestive function in cases where serious disturbance was present.

A brief history of the following cases is appended, believing they will prove of interest in the way of demonstrating the results that may be expected to follow an intelligent application of this valuable preparation.

Case I.—Miss P., age 31; occupation seamstress. Family history: Two brothers and one sister had died of Phthisis Pulmonalis. Patient had been suffering from severe cough, fever, night-



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sweats and progressive emaciation for several months. Physical examination which was supplemented by microscopic examination of sputum established diagnosis of tuberculous disease affecting apices of both lungs. The stomach was extremely irritable, which fact had interfered seriously with previous treatment.

Treatment.—Bowels were regulated and careful instructions given concerning observance of hygienic rules, etc. Hagee's Cordial of Cod Liver Oil Compound was prescribed, tablespoonful three times daily after food.

Improvement was prompt and at the expiration of two months patient was discharged cured, having regained her normal weight and all of the old symptoms having disappeared. This was more than a year ago and she has since remained well.

Case II.—Mr. G., age 40; occupation miner. Had bronchitis for many years with profuse expectoration. Treatment was ordered as in the preceding case and continued six weeks, when patient was discharged well. He has been kept under observation during the past six months and has had no recurrence of the old trouble.

In cases of anemia following acute diseases, I have obtained the most gratifying results from the use of the remedy.

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cinal value of opium, with all its bad qualities eliminated. Papine has none of the bad after effects of opium, morphia, laudanum, paregoric, etc. I positively declare and insist that the physician who once gives papine a trial cannot be persuaded to deprive his patients of the great benefit of this agency to relieve pain, an implement of precision, which is perfectly harmless to the patient.

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In cases of organic spinal disease they proved of considerable value. A woman of 52, with transverse myelitis (complete paraplegia) found them re-

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liable for controlling the very annoying girdle pain. Two or three doses of one tablet each, within twenty-four hours, were sufficient to make the pain endurable. In another case, where there was the girdle sensation connected with its earlier history, and numbness and paræsthesia of the lower extremities existed, one antikamnia tablet was given three times a day along with a regular potassium iodide treatment. The observation of this case has extended over 18 months and at no time has the progress been so satisfactory as during the last six weeks, in which she has taken antikamnia tablets regularly.

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Hay Fever is an expression of Uric Acid Diathesis. Hence Sulpho-Lythin is an effective remedy, both for preventing and combatting this malady, because it restores normal alkalinity of the blood and re-establishes normal functional activity of the liver, which is always more or less impaired. Dose: A tablespoonful in half a glass of water at bedtime and an hour before breakfast. Samples and literature on request. Laine Chemical Co., 55 Liberty St., New York City.

Stegomyia fasciata has produced an epidemic of yellow fever in certain sections of Louisiana and adjoining States.

Stegomyia punctata has inoculated thousands with virulent malarial germs throughout the balance of the Mississippi Valley.

Tongaline, Mellier, is one of its forms as indicated, antagonizes and destroys the effect of these parasites on account of its extraordinary eliminative action on the liver, the bowels, the kidneys and the pores, whereby the poison is promptly and thoroughly expelled.

BOOK REVIEWS.

A Manual and Atlas of Orthopedic Surgery, including the History, Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis and Treatment of Deformities. By James K. Young, M. D., Professor of Orthopedic Surgery, Philadelphia Polyclinic; Clinical Professor of Orthopedic Surgery, Women's Medical College of Pennsylvania; Associate in Orthopedic Surgery, University of Pennsylvania; Fellow of the College of Physicians of Philadelphia; Fellow of the Philadelphia Academy of Surgery; Fellow of the American Orthopedic Association; Member of the American Medical Association, etc. Illustrated with upwards of eight hundred photographs and line drawings, mostly from original sources. Price, $10. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St., 1905.

We are in receipt of the advance sheets of the above publication. As far as we are able to judge from a study of these we believe that this work is destined to occupy a very important place in medical literature. The work is to be a quarto in size, of about 900 pages, and will contain upwards of 800 illustrations. The details as to the manufacture of orthopedic appliances is given, so that the general practitioner may be able to make a large part of the necessary apparatus himself, is one of the commendable features of the work.

International Clinics; A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners. By leading members of the Medical Profession throughout the world. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia, U. S. A., with the collaboration of Wm. Osler, M. D., Oxford; John H. Musser, M. D., Philadelphia; Jas. Stewart, M. D., Montreal; J. B. Murphy, M. D., Chicago; A. McPhedran, M. D., Toronto; Thos. M. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Edmund Landolt, M. D., Paris; Richard Kretz, M. D., Vienna; with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Vol. II; 15th Series, 1905. Price, $2. Philadelphia and London: J. B. Lippincott Co., 1905.

To those familiar with the preceding volumes of the International Clinics, the present volume needs no introduction, save to say that it is fully up to the former high standard; in fact, being one of the best, if not the best, volume that the reviewer has had the pleasure of seeing. The various articles are short and concise, and each written by a man well known in his special department. We desire to call especial attention to the article on the treatment of acute nephritis in childhood. He begins by showing the caloric needs and the metabolism of childhood and then takes up the treatment in detail. H. Roger has an interesting article on galloping typhoid fever, in which he was able to make the diagnosis only at autopsy. The article on intra capsular fractures at the hip by the late T. H. Manley is one of the best features of the book.

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THE EYE, MIND, ENERGY AND MATTER. By Chalmers Prentice, M. D., Chicago, Ill. Published by author, 1905. Cloth; 12mo; pp. 131. Price, $1.50 net.

The announcement states that the first half of this book (which treats of mind, energy, brain strain, open air life, etc.) is written for the general reader; the other part is of a professional nature. Drunkenness is treated of as a nervous disease, and the use of eye glasses is spoken of "the latest discovery of its cure." Such a sweeping statement should not go out without noting that it is true only in some cases. An analysis of the various factors in open air treatment of consumption is given. Relief of eye-strain, energy-strain, or brain-strain, he regards as one of the chief factors in the cure of consumption by the open air treatment —another point, we fear, the authorities carry too far. In short, the author appears to be too ardent an advocate of the use of eye glasses before the patient or party is aware of the need for them.

LIPPINCOTT'S MEDICAL DICTIONARY is a complete vocabulary of the terms used in medicine and the allied sciences with the pronunciation, etymology and signification, including much collateral information of a descriptive and encyclopedic character prepared on the basis of Thomas' Complete Medical Dictionary, by Ryland W. Greene, A. B., with the editorial collaboration of John Ashhurst, Jr., M. D., LL. D., Barton Professor of Surgery and Professor of Clinical Surgery in the University of Pennsylvania; George A. Piersol, M. D., Professor of Anatomy in the Uni-

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versity of Pennsylvania; Joseph P. Remington, Ph. M., F. C. S., Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy. Revised edition. Illustrated. From the press of J. B. Lippincott Co., Philadelphia, Pa.

The chief value of a medical dictionary lies in its definition of medical terms in accurate and intelligible language, and this volume gives evidence of much pains having been taken along this line, its definitions being particularly clear. Certain of the more important headings have received treatment of a descriptive and encyclopedic character; thus the term Bacillus is given five pages and under important organs and tissues is given an outline of their structure and function; under each drug its action, therapeutic use, official preparation and doses, and so on. This combination of encyclopedic matter with a practically unabridged vocabulary forms one of the prominent features of the volume. onvenience of consultation has also been sought in the arrangement of matter, the order of terms being strictly alphabetical. On the whole, this book of 1,154 pages is one of the most convenient works of reference of its class and the new edition, just off the press, contains all the recently coined terms, and is worthy of a place in the physician's library.

ANNALS OF SURGERY.—The July number of the Annals of Surgery is fully up to the high standard mantained by this publication. Among the original articles may be mentioned one by Dr. Charles N. Dowd on Tubercular Cervical Lymphnodes. This article is a plea for operative interference for this common condition. Except in far advanced cases he advises transverse in-

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cisions in the neck-creases or parallel to them with an occasional vertical incision back of the hair line. The other contributors are Sheen, Hartley, Knott, Pegram, Mayo, Summers, and Whitman.

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Road Linked With History.—Origin of the Famous Highway of the Southwest, the Natchez Trace.

One of the oldest roads in the country is the Natchez Trace, of which John Swain writes as follows in the September Everybody's.

"A hundred years ago the eyes of America were on the Southwest. We were on the edge of a war with Spain over the closing of the Mississippi; and under orders from Washington, Wilkinson, in command of Fort Adams, held solemn conclave with the Indians who owned the east bank of the big river, and by treaty established a sacred post-road through their country. It left Nashville on the old Buffalo trace, crossed the Tennessee at Colbert's Ferry below the Mussel shoals, and striking the hills back of the Big Black, came down to Natchez and on to New Orleans, with a branch to the Walnut Hills. The road was more than a military necessity, for so many pirates infested the Mississippi that merchants returning from New Orleans needed a safer route home with their money.

"After it was opened it became all things to the Southwest. Methodism went down that way in the person of Tobias Gibson; later, Lorenzo Dow followed him with the camp-meeting spirit. Old Hickory marched his army down to Natchez over this route in 1813, and marched it back against next spring. And from that day till nearly our own it has been the great center of that country's activity. Now the railroads have come, the settlers have moved down into the valleys and opened up poorer roads in the beds of branches and through swampy lowlands. But the Trace is still there upon its ridges, the best road of them all."

Miss Folla La Follette, the daughter of Governor La Follette, of Wisconsin,

has inherited some of her father's quick wit and audacity. She was passing a collection plate one day, when she was waved away by a man distinguished for his wealth and parsimony.

"Nothing," he said gruffly, "I have nothing."

"Take something, then," the young woman replied; "this collection is for the poor, you know."—"Under the Spreading Chestnut Tree," Everybody's Magazine for September.

Honor and Happiness.

If a physician has gained and can hold the confidence and respect of his colleagues, he has attained the highest honor of his calling. If he knows that he has earned it, he should be very happy.—Med. Mirror.

A pinch of salt taken in the mouth before taking cod liver oil helps to disguise the taste, and aids in its digestion. Oil of eucalyptus in the proportion of 1 to 100 will disguise the taste of cod liver oil. If a bit of smoked herring be chewed a moment before taking the oil, the taste will not be nearly so offensive. Adding an equal part of glycerin and one-half minim of oil of bitter almonds to each dose of the oil is also an efficient method of disguising the taste and odor.—Med. World.

Second case, gastrointestinal obstruction with a very vague history, upon postmortem was found the most compiex condition of affairs. The following articles were removed from the stomach and intestines:—5 bandanna handkerchiefs, 1 necktie with stickpin intact, 18 inches of half-inch rubber tubing, 1 pair spectacles in frame, 1 teaspoon, 1 piece of suspender 6 inches in length, the skull of rodent. The intestine had been perforated by the temple of the spectacles, which also punctured the pelvis of the kidney causing an abscess, the infection from which caused death.—Free in Pa. Med. Jour., July, 1905.

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Medical syndicates have long since verified and established the difference in properties and quality, and class these mercantile oils, now principally in use for mechanical purposes, among the turpentines, unfit for internal medication. The characteristic difference with these mercantile oils consists: "in want of pungent odor; in the alcoholic thin and mobile appearance, being reduced in specific density through the presence of acids; in the taste, the result of the contracting tendency of resins and tannates."

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So says Dr. Baron Franks, Boston:

"The value of this medicine is very little known. Its advent ought to be hailed with enthusiasm, and I feel confident that it will be the most effective remedial agent in pharmacological science."

Many others make utterances of the same nature. To sustain the position acquired through strictness and punctuality in the process of production, we trust and hope the profession will assist in eliminating spurious counterfeits and in checking dishonest dealing.

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(3) Its exhibition is *absolutely devoid of undesirable after-effects.*

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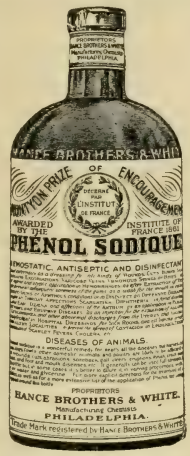

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MEDICAL NEWS AND ITEMS.

Yellow fever in New Orleans.

Germany now has more than 9,000 beds in the various public and private sanatoria for persons with pulmonary tuberculosis.

C. G. Dwight, M. D., has been elected to the professorship of otology, rhinology, and laryngology of the Chicago Eye, Ear, Nose and Throat College.

Frau Liza Schenk, a professional faster in Hamburg, recently committed suicide by hanging because, says an exchange, she was starving, owing to her failure to get fasting engagements.

There is some anxiety in St. Petersburg lest an epidemic of cholera add to the troubles of that unhappy country, says an exchange. A dispatch from Sosnovice, Poland, reports that deaths are occurring daily there, and that three suspected cases are reported at Tula. The authorities of both these cities have ordered anticholera inoculations in the infected regions. At Harbin about 100 deaths occur daily from cholera and dysentery, and it is feared that the disease may spread thence along the Siberian railway into European Russia.

One of the latest places announced to be infected with plague is Amoy, China, a treaty port trading principally with the island of Formosa, where bubonic plague has prevailed extensively. Amoy, an unsanitary city situated on an island opposite the center of Formosa, is also in commercial relations with Bombay, Bengal, Shanghai, and Formosa. The inhabitants are principally engaged in the coasting trade. The export trade of Amoy, once extensive, has diminished in late years owing to the decreased popularity of China.

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After two years of consideration, the Board of Estimate and Apportionment has finally taken action definitely committing the city to the new Bellevue Hospital project, says the Medical Record. The original plans, which involved an estimated outlay of $10,000,000, have been modified so as to reduce the expected cost of the building to $8,500,000, and the board has authorized an appropriation of $850,000 in corporate stock to be used for the erection of two pavilions. These are to form the northernmost sections of the new hospital, and are to be erected on property recently acquired by the city between Twenty-eighth and Twenty-ninth Sts., First Avenue, and the East River. These pavilions will meet the immediate requirement for additional space in Bellevue and alleviate the overcrowded conditions which now exist, and also accommodate patients from other buildings that are to be razed to make room for the next section of the new structure.

An organization known as the National Food Manufacturers' Association, with headquarters in Chicago, has been formed, says the Medical Record, for the purpose of protecting "the legitimate manufacturers of food and food products and the consumer against adulterated, fraudulent and unwholesome food." Dr. Harvey W. Wiley, chief of the Bureau of Chemistry, has gone to Europe under instructions from Secretary Wilson to make an exhaustive investigation of methods of preparing and preserving food products for shipment to America. He will visit all leading cities of Europe which have an

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export food trade with the U. S., and will be gone until the middle of September. The policy is to have a more rigid inspection of foods. Upon his return laboratories will be established in Boston, Philadelphia, New Orleans, and Chicago. At present the only inspection laboratories are in New York, San Francisco and Washington.—Med. Age

Texas fever is sweeping Indian Territory, and a Government inspector says that over 5,000 cattle have died in the Chickasam Nation in two weeks. Whole herds are infected, and the loss to cattlemen will run into millions, it is fear-

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ed, before the fever is stamped out.—Med. Record.

Dr. Lewis M. Gaines, of Atlanta, has been appointed professor of anatomy and physiology in the medical department of Wake Forest College, at Wake Forest, N. C. Dr. Gaines is the son of Rev. S. H. Gaines, president of Agnes Scott Institute, and is a graduate of Johns Hopkins University.

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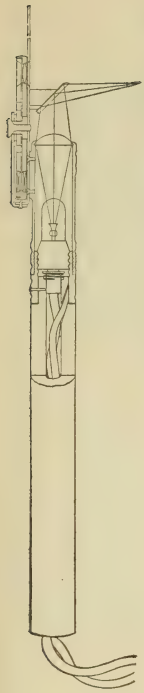

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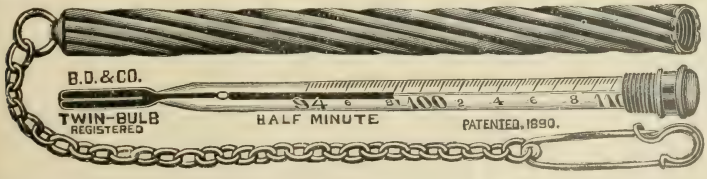

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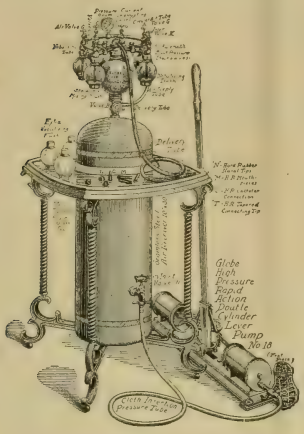

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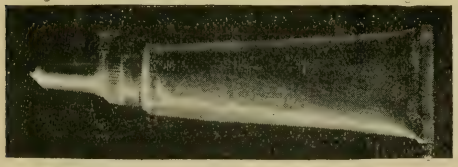

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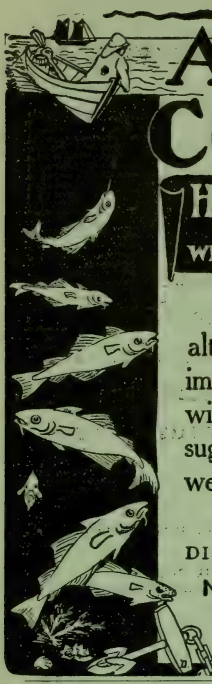

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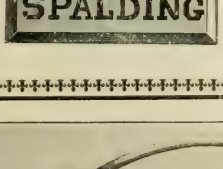

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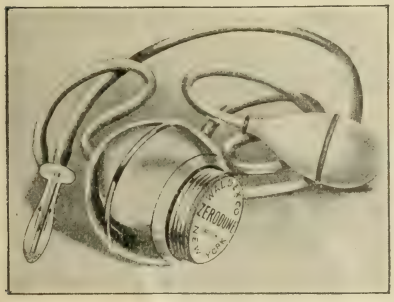

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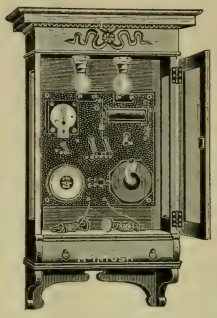

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ORIGINAL COMMUNICATIONS.

Explanatory.

Owing to a strike of the printers, the Job office—the largest and best in Charlotte—that gets out the Journal has been badly crippled, but affairs are shaping themselves and soon matters will be running smoothly. This is our explanation of the great delay in getting out our October number and we ask all of our friends to bear with us patiently.

Medical News and Items.

(Clipped Largely from The Medical Age.)

The governor of Illinois vetoed a bill that had been passed establishing a State board of examiners for nurses.

Dr. Samuel G. Dixon, of Philadelphia, has been appointed by Governor Pennypacker, State Commissioner of Heallth, an office lately created by the legislature, at a salary of $10,000 per year.—*Physician and Surgeon.*

Dr. Louis Bradford Couch, of Nyack on the Hudson, who has been investigating the matter, claims that rheumatism and other diseases are due to the poisoning effects of an excess of carbonic acid gas in the human tissues.

Bubonic Plague in India.—The British Secretary of State for India shows a total of 1,022,299 deaths from the plague in 1904.

M. Combes, ex-Premier of France, who is a country doctor, has returned to the practice of medicine in his native village.

Dr. Koch re-affirms that the microbe of sleeping sickness exists in the Tsetse fly in East Africa. He also cables that he has found a simple way to render the fly inocuous.

Captain B. K. Ashford, head of the Porto Rican Anemia Commission, will expend an appropriation of $15,000 to exterminate the lazy worm from the West Indies.

At a special graduation ceremony at Edinburgh University, July 22, 1905, the honored degree of Doctor of Law was conferred on Prof. Wm. Stewart Halsted, of Baltimore; Prof. Cameron, of Toronto; Prof. Shepherd, of Montreal, and Prof. Wm. Williams Keen, of Philadelphia.

Herr Erfeurt, a chemist, of Berlin, is said to have succeeded in transmitting the qualities of radium to a substance he calls radiopher. This can be made cheaply, and if all claimed is true it will be of great use in medical practice, since it can be injected under the skin and in other parts of the body. It is said by an exchange to possess all the qualities of the original radium, but in lesser degree.

A Russian paper states that the Russian physicians now prisoners in Japan have been appointed the medical attendants to the other Russian prisoners, and that they are to be paid by the Japanese government for their professional services.

It is announced that the first American Tuberculosis Exhibition will be held in New York next November, under the auspices of the National Association for the Prevention of Tuberculosis, and of the Committee on the Prevention of Tuberculosis of the Charity Organization Society

The Legislature of the State of California has passed a law making it a misdemeanor to own, to lease, to let, or to hire any room for a lodging or sleeping apartment that contains less than 500 cubic feet of air space "in the clear" for each occupant; it is also a misdemeanor to be an occupant of such apartment.

A Delaware lady, eighteen years of age, is reported to have borne seven children within a periopd of two years. Her first confinement resulted in the birth of twins, and one year ago she was again delivered of twins, but the climax was reached lately when she gave birth to triplets, which, unfortunately did not survive.—*Physician and Surgeon.*

A letter written by Professor Koch to a friend, and published in the German newspapers gives some particulars of the work in which he is now engaged. He is at present in South Africa, and writes from Fringa, in Ubebe, that he has succeeded in discovering the origin of the tsetse-fly disease, from which many cattle die on their way from Ubebe to the coast. He has not only found trypanosomes within the tsetse-fly, but has also ascertained that these parasites undergo therein a peculiar development. Professor Kock describes the climate of Ubebe as very healthy and fit for European colonization. The air is bracing and cool, somewhat suggesting that of the Alps and Norway.

Permanganate of Potassium And Snake Venom.

It is claimed on good authority that permanganate has been found to destroy the toxidity of cobra venom, rattlesnake, the colubrine, and other poisonous snake venoms. Immediately after the bite, the limbs should be bound with a ligature—handkerchief, rope, etc.—the site of the bite freely scarified and permanganate crystals rubbed into the flesh.

Baron Nathaniel De Rothschild, who died in Vienna on June 12, was a great benefactor of medical institutions. He added surgical wards for injured workmen to the Rothschild Hospital, founded by his father, and endowed it with a gift of 2,000,000 kr. He also contributed generously to the ambulance

service of Vienna, and some time ago presented his castle of Hinterleiten, in Lower Austria, to the military authorities as a convalescent home for invalid officers, and also established a hospital for officers in Carlsbad. Baron N. de Rothschild, who was an invalid all his life, lived to the age of sixty-nine.

The Licensing of Prostitution.

The Philadelphia Grand Jury for April has recommended a new duty to the Board of Health, viz., that disreputable houses be licensed within prescribed limits and be put under the supervision of the Board of Health. In a recent presentment of a former Grand Jury it was shown that there are a number of so-called reputable physicians who make it a practice to sign certificates saying that on the date of examination such and such a woman was free from venereal disease. These papers are then used later on for commercial purposes!—*Medical Notes and Queries.*

Is Cancer on The Increase.

Some physicians maintain that cancer is on the increase in San Francisco and elsewhere. We wonder if that is really a fact, or if this increase may be placed in the same category as that of appendicitis. We feel confident that there were as many cases of appendicitis 20 years ago as there are to-day, but the surgeon was not able to diagnose the disease nearly so accurately as he does to-day, and an operation for appendicitis was practically unknown.

With our modern facilities, we believe that cancer is more frequentlly diagnosed and treated to-day than it was 20 years ago. This is certainly at least one cause of the apparent increase of the disease.—*Pacific Medical Journal.*

At a recent session of the Therapeutical Association of Paris, Dr. Amat stated that he has observed for some time the good resultls of placing egg membrane unon the surface of wounds, and reported two new cases—that of a young girl suffering from a burn on her foot, and a man of forty, with a large ulcer on his leg. Both wounds were in process of healing and were covered with healthy granulations. He overspread them with six or eight pieces of the membrane of eggs, which was covered with tin-foil and fastened with dry antiseptic bandages. After four days the bandages and tin-foil were removed, and it was shown that the membrane of the egg had partly grown into the tissues and had caused the growing of a good skin. That the egg membrane had contributed much to the healing process was demonstrated in the further course of treatment. It seems, however, that the membrane does not always adhere. The process of cicatrization is not only hastened but the wound heals exceptionally well and leaves but few perceptible traces.—*Army and Navy Register.*

In India physicians are making strenuous efforts to encourage the people to undergo inoculation against the plague, but as the masses do not take very kindly to the treatment some novel and interesting plans have been proposed to secure its adoption. It was suggested to the government of Bombay that it should pay 100 rupees to the family of any person who should die from the plague within a year after inoculation. The government, however, declined to entertain this proposition, and while it is officially committed to inoculation, it is rather lukewarm in its practical support of the treatment. The adherents of inocula-

tion then addressed themselves to the insurance companies, and urged that they undertake the business of insuring against plague, and make a lower rate to those who had been inoculated. This might possibly lead to a policy similar to that pursued by insurance companies in Germany, where the tuberculos policy-holders receive medical treatment in specially maintained sanatoriums. Thus in India medical treatment could be given to policy-holders who have been inoculated, as it is known that by using antiplague serum the danger of death can be even further reduced. As there are sometimes as many as a million deaths a year from this dread disease, the necessity of thorough preventive measures is apparent.

Whistle to Bring Aid to Injured Soldiers.

That wounded soldiers on the field of battle are often overlooked and mistaken for dead on account of their being too feeble to call out, is a well known fact. To remedy this a physician in the Japanese Red Cross service has invented a whistle, which, with very slight exertion, gives a loud sound, and thus attracts the attention of those in search of the wounded. The general adoption of this suggestion would doubtless mean the saving of many a soldier's life.

Newer Materia Medica a Liquid Antiseptic.

Parke, Davis & Co., have recently introduced a new liquid antiseptic of considerable power, called Cresylone. It contains 50 per cent of Cresylic Acid and forms clear solutions with water in all proportions.

A two per cent solution of Cresylone is not only an excellent disinfectant for instruments and hands, but a valuable detergent and lubricant, too. It is said not to injure metallic or rubber instruments, though celluloid articles are apt to become friable under its action.

In the treatment of wounds a one per cent solution is usually employed, and a two per cent solution may be used in profoundly septic cases when more vigorous measures are indicated.

Cresylone completely arrests the development of pus organisms and is, therefore, indicated in the varous suppurations with which the general practitioner has to contend. In the treatment of otorrhea, irrigation with a one-half per cent solution is said to be of benefit. A solution of the same strength is of value in the treatment of ozena.

As it removes odor it may prove of service in gangrene. In cancer of the cervix uteri the application of gauze saturated with a solution of Cresylone will remove the odor that accompanies this disease. For disinfecting sputa and stools Cresylone commends itself in the sick room, hospital ward, schools, prisons, etc.

Therapeutically, the use of Cresylone has been suggested in various pathologic conditions, notably in the treatment of gonorrhea, lupus, tonsillitis, eczema, and cystitis of the female.

Glyco-Thymoline.

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E. U. Garvin, M. D., states: I have tried Glyco-Thymoline (Kress) on tonsil produced by a child falling with a tin horn in the month. I kept this part thoroughly cleansed with Glyco-Thymoline (Kress) full strength and result was gratifying. I wish to give it a thorough test in catarrhal troubles.

Antipholgistine.

"So you have decided to get another doctor?"

"I have," answered Mrs. Cumrox; the idea of his prescribing flaxseed poultices and mustard plasters for people as rich as we are!"—*Ex.*

Quite right. If he had been up to date, he would have used Antiphlogistine, whether his patients were rich or poor.

Hysteria is the expression of one form of nervous debility. Celerina is thus peculiarly indicated because of its tonic effect on the whole nervous system.

A good remedy for relaxation of the womb and its appendages is Aletris Cordial Rio; it strengthens the uterine organs, and at the same time corrects the co-existing general weakness.

Reading Notices.

"Every physician understands only too well the treacherous and baffling nature of rheumatism, neuralgia, gout and kindred ailments, no matter where located, and how difficult it is to treat them successfully. Hence it is on account of its extraordinary intrinsic merits that after 25 years of constant use by thousands of physicians Tongaline is still recognized as the most reliable remedy in the treatment of rheumatism, neuralgia, grippe, gout, headaches, sciatica, lumbago, etc.

"Tongaline, by its therapeutic action, neutralizes the poisonous secretions which cause the diseases above mentioned and expels these poisons promptly and thoroughly.

"The ingredients of Tongaline heve been so happily chosen and the quantities so skillfully adjusted and compounded that no remedy in the history of the world has been as successful for those particular ailments in which it is indicated."

Royal Sanmetto, a Remedy That Will Live Because Honest And Square.

I have been prescribing royal Sanmetto for suffering mortality for years. Indeed, ever since its entrance upon its high career and since it has vindicated its right to recognition, and to be held and regarded as the unrivalled and peerless remedy for bladder aggravations. This formula has won the confidence of physicians everywhere, and the remedy the gratitude of suffering thousands. Sanmetto, without any exaggeration is royal—the Prince Imperial—whose fame is destined to live as long as it continues honesty and square, and in the way that gave it its high reputation.

ANDREW JAS. PARK, M. D.
Chicago, Ill.

Sanmetto in Neurasthenia From Overwork in Intellectual Lines.

I have found Sanmetto useful in several cases of neurasthenia from overwork in intellectual lines, without being associated with sexual irritations or excesses. In those cases where it seemed to do the most good there was depression of energy, consequently upon exhaustion of the vital forces. As a tonic in such cases it has proven satisfactory in a number of instances.

M. V. VAN DENBURG, M. D.
Mount Vernon, N. Y.

Report on Peacock's Bromides.

We have purchased, in London, a bottle of Peacock's Bromides (Sry. Brom. Comp. Peacock) and subjected it to analysis.

We found the preparation to consist of a *Neutral* solution of the mixed bro-

mides of potassim, sodium, calcium, ammonium and lithium.

The amount of bromide present was found to be equivalent to 14.989 bromides in the fluid drachm, thus proving the exactness of the medication in the product.

The salts employed for the solution were particularly free from iodides and bromates, which, of course, is the important factor.

H. Helbing,
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Amenorrhea.

Where the suppression is the result of sudden mental or physical shock, excessive cold or dampness, change of climate, etc., the function can be restored with absolute certainty and celerity by the administration of a few capsules of Ergoapiol (Smith).

Dysmenorrhea.

Whether neuralgic, membranous, congestive, inflammatory, obstructive or ovarian in character, responds readily to the pain-receiving and flow-augmenting influences of this product. Ergoapiol (Smith) causes the menstrual flow to occur without discomfort and brings the volume and duration to normal limits.

Conservatism of Mariani.

For more centuries than the history of man can trace, Coca has been the necessary daily ration of the Andean Indians. It is to them a sustenance against hunger and thirst, a supporter of respiration in the rarefied air of high altitudes, a muscular tonic for heart and limb in the most trying labor, and withal their sole reliance in the maintenance of health, even of life itself, midst these combined trials. During all these years no authentic case of Coca addiction has been known. For nearly half a century Vin Mariani—a preparation of true Coca with nutrient Bordeaux wine—has been employed by the medical profession as a reliable support in convalescence or wasting disease. Like the parent leaf, no harm, and nothing but good, has ever come from its use.—*Coca Leaf,* January, 1904.

The Stage of Exhaustion.

In the treatment of alcoholism and dipsomania, the physician is called to the case at the stage of exhaustion or prostration and a general derangement of nearly every function. Neurosis, cerebral congestion, cardiac acceleration, gastric and mesentric disturbance, nausea, retching, intolerance of food, intense irritation, insomnia and an endless variety of morbid sequelae, require prompt attention.

It will be found that antikamnia in combination with codeia will give a most prompt and satisfactory response in relieving all the array of symptoms so distressing and usually so obstinate as to defy all ordinary therapeutical interference. The best method is to administer one Antikamnia & Codeine Tablet (antikamnia gr. 4 3-4, codeine gr. 1-4) every fifteen minutes to a half hour, until three are taken, then widen the interval to one and a half to two hours, according to the urgency of the symptoms. Under this treatment the circulation will modify, the cardiac plans subside, the tremor, anxiety and morbid vigilance will give way to rest, quiet, calm and peaceful sleep. The nausea and vomiting, together with the irritable coughs which so frequently characterize these cases, will all disappear.

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"Antikamnia & Codeine Tablets" are due, in a great measure, to the fact that the manufacturers refine and purfy all of the codeia which enters into these tablets, and this prevents the constipation, depression and habit which frequently follow the administration of preparations containing ordinary commercial codeia .

Inflammatory Diseases of The Mucous Membranes.

In nearly all of the inflammatory diseases of the mucuous membranes the morbid principles seem to be localized, but not always so, as therapeutic results so often prove. The local disease is often the product of toxemia, which is general and implicates one or more organs of the body, and treatment must not be based on our conception of a single morbid process in a single organ of the body, but, as s often said, we have to treat the patient as well as the disease.

We have had much better therapeutic results in most all of the diseases of the respiratory apparatus since recognizing the above fact.

To meet the distressing coughs so often found in these cases, my attention has been called to a terebinthinate preparation called Fitchmul, which has been in use among the medical profession in the East for twenty years, and which I have lately used with excellent results. It is a scientific and ethical preparation, an emulsion of fir balsam in combination with venice turpentine, chloric ether, tartar emetic, dilute hydrocyanic acid and aromatics, pleasant to take and with no disturbing action of the system.

In my experience, Fitchmul has proved to be an excellent cardiac stimulant and also a sedative to nerve centers. It acts as a diuretic, antiphlogistic and expectorant, and, if indications demand it, is an excellent vehicle for the administration of creosote carbonate, or, in fact, for almost any drug that would be used in connection with Fitchmul.

Extract written by

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SELECTED PAPERS.

Some of The Opposing Forces to Rational Therapeutics.

By I. A. McSwain, M. D , Paris, Tenn., Ex-President Tennessee State Medical Association. Ex-President Tri-State Medical Assn., of Miss., Ark. and Tenn.

Rational is synonymous with reason in common acceptation, and is derived from the Latin *ratus,* to think. Therapeutics means to serve, and in its medical significance implies not only the application of remedies to the cure or treatment of disease, but involves prevention of disease or the maintenance of health. Rational therapeutics, then, is in its final analysis, thoughtful service in all matters pertaining to disease and the preservation of health. It therefore embraces in its scope all those questions of sanitation, hygiene, heredity, environment, physiology, patholigy and psychology, the study of which is fundamental and imperative in anyone who assumes the role of the physician.

Every advance in medicine has been along the lines of elimination of the crude and false notions connected with human life both in health and disease, substituting reason for ignorance, demonstration for superstition, and actual

investigation for modesty (falsely so called). These measures have been carried out by the devotees of medical science in the face of bigoted religionists, arrogant and foolish lawmakers, political trickery and a false public sentiment, and amidst much dissension and malicious persecution.

There seems an innate principle in man to oppose innovation, and so radical have been these influences that from Hippocrates, 450 years B. C., to the days of Harvey in 1628, a period of over two thousand years of the world's history, but little advance was made in rational medicine. In the dawn of this, the best century the world has ever known, we are far from having been divorced from the forces that have delayed medical progress in the past ages, and are in a large measure handicaped in the rational means of the management of disease, the preservation of health and the prolongation of span of mortal existence. It is to some of these obstructive and opposing conditions that the writer would refer in this paper.

One of these is a society whose influence is felt even in the American Congress, called Anti-vivisectionists, whose sole purpose seems to be to block the way at the very threshold of scientific research, and who regard the lives of beasts and birds, or the bodies of the dead, as being more sacred than the lives and health of human beings. For without a knowledge of anatomy there could be no knowledge of disease, without experimental therapeutics no knowledge of cures, and without vivisection no advance in surgical procedures. It is by studying the effects of poisons on living animals that we discover the antidote. In the same manner do we arrive at a knowledge of the processes of secretion and excretion, digestion and nutrition, the functions of the brain, heart and lungs, and within the past few decades have determined the effects of microorganisms in the production of disease, and have been able to add as a necessary adjunct to all medical training the biological laboratory, wherein is demonstrated beyond dispute the etiology of diseases hitherto wrapped in mystery. It has also led by natural sequence to the discovery not only of the germ, but of the remedy. The toxic effects of bacterial products on animals suggested the idea of using attenuated virus by inoculation of other animals increased to immunity, and sero-therapy, a synonym of rational therapeutics, had its birth, and childhood rejoiced as never before on account of diptheria, its most dreaded foe, having been made to loosen his grasp and stop the slaughter of the innocents. Hydrophobia, not nearly so common, but horrible to contemplate, consigned its victims to a most heartrending despair, with nought to console save the superstition of the madstone, until Pasteur, after years of vivisection, revealed the only known relief from its indescribable tortures and horrible death.

There are many other investigations along this line, with varied success, and for the cure of many diseases of great fatality. We are looking to these great laboratories with an expectation that their discoveries will make medicine one of the exact sciences in the near future.

Will the opposers of these investigations stop to consider, or will they, under the false notons of so-called sympathy for the lower order of animals, esteeming poodle dogs above children, and rabbits and birds of more value than men and women, persist in their course, and thus hinder investigation

and arrest the efforts to cure disease? Not so. It has been decreed of old that all manner of beasts of the field, of the air and fish of the sea were created for the express use and service of him who is the crowning glory of the creation, and notwithstanding the emissary of evil made his debut quite early on the scene of human activities, and brought disease and death into the world, there is an unseen and guilding intelligence superior to every other, that through rational minds points the way, though sacrifice of animal life be the cost, to the deliverance of humanity from the thraldom of disease.

Another obstruction to rational therapeutics in the prevention and cure of disease is a disregard of the laws of heredity. I am favorable to the largest amount of human liberty compatible with the wellbeing of others, and confess to a kind of misgiving as to laws prohibitory of the marriage relationship. Yet much is needed here in the way of reform. The marriage of persons in whom there exists a strong hereditaary tendency to such diseases as tuberculosis, cancer, syphilis, etc., is greatly to be deplored when we consider the entailment of disease upon helpless innocents. The physician should be the apostle in the home of his clientele to point out the disastrous results of a union of such forces. The public school curriculum should include forcible teachings along this line, and every means of intelligent and moral influence should be used to prevent marriages the awful sequence of which must be the propagation of disease, and we may as well say that the time is just ahead that it will be a matter of legal enactment to preevent such alliances.

Another great hindrance is entwined and interwoven in that strange, occult something, mysterious in its origin, of unknown quantity, fickle as the wind, full of vagaries and inconsistencies, known by the general term "society." Her despotic sway is well nigh universal; she rules without rhyme or reason, and woe be unto the unfortunate victim who dares oppose her mandates. She presides at our birth and at our funeral, according to her *ipse dixit* the babe is clothed in toggery stiff and irritating as the collar of a dude, long enough for an adult, girlhood in dresses too short for a babe, young womanhood encompassed with unwieldy bands of steel until the form becomes insectile in shape and every thoracic and abdominal organ is compelled to relinquish its functions for want of room and is actually crowded out of its natural habitat, and even her feet must undergo tortures Mongolian in their intensity, and, in a word, restraint, not freedom, must be the law of her existence; and to add to all these qualifications she must know absolutely nothing of herself as a sexual being. The scene changes, and the hymeneal altar is a thing of the past, but our ubiquitous dame is still presiding. The devoted wife is taught that it is low and vulgar to bear children, fit only as an occupation for the poor and the drudge, and every artifice known to fiends or men is resorted to, to prevent the legitimate fruit of the marital bed. But mistakes occur, and she is enciente; society suggests at once that the product of conception, being foreign to her designs, must be gotten rid of at all hazards. Everything is tried, but fails. The doctor's office is besieged for something to "bring on" her menstruation. Of course he declines to interfere, and the criminal abortionist gets in his devilish work and collects his fee. Or, stopping short of this diabolical resort, the woman accepts the situation and consents under

protest to become a mother. Society says, if she is thus intent she must practice all sorts of ways to prevent discovery—lace tightly or stay in doors, become a recluse and brood over her misfortune (?), and thus she is taught to ignore every law that could contribute to her own and her offspring's well-being. Is it any wonder that parturition discovers a puny or deformed infant, feeble in body and mind, and little able to withstand the diseases and accidents of childhood, or to develop a robust manhood or womanhood, or that the mother comes out of labor exhausted and illy prepared and less inclined to care for the child? But society is inexorable, counting not the sacrifice of human beings, and as indifferent to their actual needs as Nero at the destruction of Rome. But physisians themselves tip their hats to this auocrat, and it seems that she has engraved on her escutcheon, *esto perpetua.*

I will pass to notice another feature in this discussion, over which I trust we may have more control. Rational therapeutics will not prevail in the absence of correct views of pathology. For instance, so long as we treat "fever" as a disease we shall be widely at sea with our remedies. We must come to understand that "fever" is not a disease, and that the temperature chart is to be regarded chiefly for its diagnostic and prognostic value. Pyrxia should at once suggest thorough investigation, and this is a many-sided question, but until we shall be able to arrive at a correct view of the etiology our therapy will be of necessity largely empirical. The writer insists that there is too much ado about "cooling the fever." Our extraordinary anxiety in regard to this one sypmtom may lead us to ignore things of greater import and bring a deceptive notion that to cool the fever is to cure the disease. Here appears to be the battleground of the masters—how to reduce temperature—hydrotherapy vs. febrifuge medicines. I do not maintain that as a troublesome symptom hyperpyrexia does not demand suitable treatment, but it should not absorb our best energies. We should not be content with a diagnosis until we have exhausted our resources in discovering the possible cause of fever. It is not a mark of a very high order of medical acumen for a physician to denominate a disease as "fever," or more commonly as "slow fever." We may have a fever of indefinite length from tuberculosis, cancer, syphilis, sepsis, gastric or gastro-intestinal catarrh, pyemia, genitourinary disease, pernicious anemia, diseases of the brain or the spinal cord, and indeed from a multitude of sources. Let us then remember that rational therapeutics can only be based upon correct diagnosis.

One other barrier comes to us under the guisè of polite accommodation, ostensibly to assist in the arduous duties of our profession. This is the representative (I use the singular number though his name is legion) of a wholesale and retail manufacturing establishment of readymade preparations for all the ills to which humanity is subjeect. He is too urbane to permit of rude treatment, and plies his calling with so much ingenuity that we are alternateely amused and disgusted. No allusion is made here to the eethical manufacturing chemist who gives to the profession a reliable product or compound the ingredients of which are well known, but I refer to the secret nostrum man who assures us that he has exactly the thing we need, etc. Is there any reason whatever that the pro-

fession should tolerate this nuisance? Can any physician with a conscience afford to prescribe a preparation of the elements of which he is entirely ignorant? Yet, we are loath to admit, the practice is all to common, and that but for the encouragement given the business by the profession it would at once become hopelessly bankrupt.

In conclusion, let us be constant students, not merely dispensers of medicine. Let us become teachers and educators of the people, and thus gain their consent not to obstruct us in our efforts to serve them, but comply with well-known laws of health; and if they fall by the way with sickness, which is at best liable to overtake us all, then with out five senses and all the instruments of precision at our command, find out the hidden recesses of disease, and in this way be competent to apply remedies, not empirically, not merely to relieve symptoms or distress, but bring to our aid scientific measures such as shall remove the cause, or if not competent to do this, take care of the patient so that he may withstand the disease, and when all material help shall have been exhausted, tranquilize the mind and pave the way through the dark valley by pointing across to a radiant clime where no noxious vapors arise. And thus hall we conform to the principles involved in rational medicine. —*Memphis Medical Monthly.*

The Treatment of Nasal Catarrh by the General Practitioner.

By W. H. Wakefield, M. D., Charlotte, N C. Read Before the Charlotte Academy of Medicine, Aug. 22nd, 1905.

In discussing this subject, I will divide all cases presenting symptoms of Nasal Catarrh into two classes. First: those cases that can not be successfully treated without operative proceedures, and second, the cases that need practically no operative work.

The successful treatment of Nasal Catarrh is begun by making a careful inspection of the nasal cavities and pharynx in order to learn the nature and extent of the trouble; in other words, a correct diagnosis is made first. This step is a very important preliminary to treatment and before an intelligent inspection can be made, the doctor must be familiar with the appearance of the nasal cavities and be able to recognize any abnormalities that may exist. He must inspect the parts under a good light, a student's lamp or any good lamp will answer for the source of illumination, the room being made quite dark and the light thrown into the nose by a head mirror.

To make this inspection intelligently requires some practice on the part of the physician and a knowledge of what he is doing, but no special skill or special knowledge is required. Unless the doctor can make this examination properly he certainly is not competent to advise the patient intelligently regarding treatment, unless the case be one of simple acute rhinitis.

We will suppose that a patient requests your advice regarding his nasal catarrh, his persistant head cold, his ever-present desire to cleanse his nasal cavities, his hawking and spitting which annoys him and his friends. He tells you he has been annoyed in this way for months, perhaps years, and the tendency is to grow worse. He will generally confess that he has used bottles of patent medicines. His voice probably tells you of impaired nasal function, and he has no doubt, given you an exhibition of how he must hawk and spit in order to cleanse his post nasal space. Will you prescribe for this patient without an examination of the parts affect-

ed? Or, if you examine him, will you inspect his interior nasal cavities by the light of a window or glance into his pharnyx under similar conditions. Treatment based on a diagnosis made in this way rarely affords the needed relief and is in part responsible for the often heard "Catarrh can't be cured."

In examining such a patient make the room dark as midnight, if possible, and inspect the interior nasal passages, using a nasal speculum, a good light and head mirror. Notice particularly the size and degree of firmness of the inferior and middle turbinates, also note the presence or absence of spurs and ridges on the septum and if it bends strongly to one side; note also the color of the parts and the amount of Mucous or Moco-pus present. Next, by means of a tongue depressor and pharyngeal mirror, inspect the pharynx and the post nasal space. Note the amount of discharge and the presence or absence of swelling or thickening of the posterior ends of the turbinates. After this careful inspection the parts should be thoroughly cleansed by spraying them with some alkaline, antiseptic solution in a good atomizer that will throw a coarse, vigorous spray. After thoroughly cleeaning the cavities, apply to the turbinates and septum a solution of adrenalin or suprarenalin one to five thousand by means of a small pledgit of absorbent cotton or the atomizer and in two minutes inspect the cavities again. The extract of the suprarenal gland will have contracted the tissues and you can now obtain a much more extended view. Spurs or ridges on the septum, if present, are easily seen. Note carefully the amount of shrinking that has taken place on the turbinates, as the treatment depends largely on the behavior of the thickened parts under the action of the adrenalin. Given a case presenting large turbinates, interfereing with nasal respiration, that shrink but little under suprarenal extract, the case belongs to class first, but if the shrinkage is marked, the case goes under the second heading.

Referring again to septal ridges or spurs. If these are of sufficient size to interfere with nasal respiration their removal is a necessity, but if they do not hinder respiration they rarely do harm. If the septum be markeedly deflected, practically closing one nostril, the case beelongs to class "first." If at this inspection you find a turbinate, septal ridge or spur or deviated septum or other abnormality of size sufficient to narrow the space so that a reasonable degree of respiration is not possible, it is a pious hope rather than a reasonable expectation, to anticipate much relief from the catarrhal symptoms without first removing the abnormalities by surgical means, and this regulates all such cases into class first. If adenoids or enlarged tonsils are present, (and you will be asked to treat many cases of Nasal Catarrh in which these are present, and probably are the exciting cause) their removal is imperative if a cure is to be expected, and the case belongs to class first.

By this time you are probably asking what cases will go under class second? There are plenty of them to try your patience. If on inspection after the use of adrenalin, you find the formerly enlarged turbinates much shrunken and the breathing space normal, the case requires no surgery. This class of cases is best treated by cauterizing the inferior turbinates by means of chromic or nitric acid or electro cautery. Personally, I prefer chromic acid to nitric as it is readily limited to the points which it is desired to cauterize. Always an

esthetize the parts thoroughly by cocain or eucaine B., before cauterizing. Twist a small piece of cotton on the tip of a small probe, moisten the cotton and apply one side to a few chromic acid crystals, in a second or two they are dissolved and can easily be applied again to the surface of the turbinate. Cauterize two or three lines on its surface from before backward as far as needed spraying the nose after each passage of the probe so as to wash off any small surplus of the acid that may have adheered to the tissues. If the parts were fully anesthetized the patient has not suffered any pain, not even discomfort. Actual cautery can also be used to advantage over chromic acid, except in the worst cases, when it is advisable to burn through the membrane to the bone. In using nitric acid, care must be used or it will flow over the surface of the turbinate and destroy considerable secreting surface, a result to be vigorously guarded against.

Given a case of nasal catarrh that comes under class second, the doctor should cauterize the turbinates if needed, as already described, and if the naso-pharynx is involved appropriate local treatment should be applied by the physician. But these patients will not come daily or twice daily to our office for treatment, hence we must teach them how to make applications themselves.

One obstacle to the successful treatment of nasal catarrh is the failure on the part of the patient to make thorough application of the remedies and the tendency to discontinue the treatment too early. Pains must be taken to instruct how to use the atomizer and stress must be laid on the necessity of thorough cleansing of the nasal passages at stated intervals.

For nearly twenty years I have used in my office and had my patients use in their homes the DeVilbiss Atomizers. I have used many others and always examine the new atomizers as they come on the market, but I find none of them so generallyy useful as the DeVilbiss, No. 16.

This instrument is so made that the spray can be turned in any direction. You can also obtain a coarse spray from the same instrument by closing the pin hole opening in tthe cap on the bottle with thee finger. Another point of considerable value is the ease with which the instrument is cleaned and freed of foreign matter in the air or fluid passages.

In cold weather the cleansing solution should always be warmed and this is easily effected by placing it in the DeVilbiss and holding the instrument over a lamp or gas jet. Direct the patient to throw the head slightly back place the tip of the instrument just in the nasal opening and to inhale as the bulb is vigorously compressed.

After a few compressions of the

bulb, the patient should blow the nose and the process repeated until the nasal passages are clean. The post nasal space and pharynx should also have attention when they are involved. Turn the tip of the instrumeent upward to a right angle, pass the tip over the tongue and behind the soft palate and thoroughly wash the parts. The physician should have the patient do this in his office and then inspect the parts in order to see that they have been thoroughly cleansed. In many instances you will be surprised to find, after the spraying, considerable discharge on the floor of the nose or clinging to the turbinates. There is only one rule in these cases, and that is to thoroughly cleanse the cavities, using as a cleansing agent an alkaline solution to keep the parts clean so that nasal respiration is free. After the cleansing solution, a protective spray of oil is often beneficial especially so if used by the patient before exposing himself to severe weather. In children the little patients must be watched to see that the nose is kept clean.

Local treatment is not sufficient to cure many of these cases, the nasal disturbance being due to a vicious condition in some other organ or organs.

In addition to seeing that local treatment is properly carried out, study each of your patients carefully. The strong, vigorous patient who takes cold easily probably eats too much or the bowel is sluggish. Insist on a cool sponge bath followed by a brisk rub with a rough towel every morning; give him to understand that overeating must stop if he desires to cure his catarrh, and in addition correct the habit of constipation.

Many of your patients will not be vigorous and full blooded—they are of sedentary habits, working in badly ventilated, over or underheated rooms, many of them being dyspeptic. Pay particular attention to the digestion disturbance. Insist that each and every mouthful of food be chewed until it is a fluid in the mouth; also insist on proper ventilation of their rooms day and night; put them on daily tepid sponging of the whole body followed by a brisk rubbing to increase the activity of the skin, daily make the water a little cooler until the sponging is done with cold water. In children the same rules hold good, but more of them need tonics, such as cod liver oil, or better, a cordial of the oil containing its extratives minus the oil, syrup of iodide of iron, Fowler's or Donovan's Sol. of Arsenic, or a combination of iron, quinine and strychnine.

To recapitulate: Before attempting to treat nasal catarrh, first make a careful diagnosis.

Remove or cause to be removed all impediments to easy nasal respiration.

Keep the parts thoroughly cleansed by means of a non-irritating antiseptic.

Correct any habits on the part of the patient that may act as exciting cause.

Always teach the patient how to use the Atomizer.

Administer such tonic remedies as may be indicated in each case, prominent among which are the morning cool sponge and rough rub and the proper ventilating of work rooms and sleeping apartments.

I am of the opinion that Nasal Catarrh can be cured in the great majority of cases if these means are intelligently and persistently employed.

What Can be Done for Habit Victims.

By Rabb S. Correll, M D., Asheville. N. C. Read Before Buncombe County Medical Society.

Law of Habit. Man has been granted few greater blesings than his participation in the great law of habit. We have little choice in the matter, for the law is upon us all. We have considerable to say, however, as to the seleection of our habit associates. In all cases there is a time when we are free to choose, a point where a turn upon the heel may decide the path wherein we shall come and go for a lifetime. No doubt this decision has often been made more simple or difficult by the choice of our ancesters, even as we are tracing lines which will be the ones of least resistance for our children.

Victims of Habit. Laws which normally conduce comfort and general welfare, when perverted, react to our demoralization. There is in our midst a large class of unfortunates, who, wittingly or otherwise, have perverted the law to their undoing. Insomuch as their heredity was defective, they were handicapped, but many of them have overtoiled in the precipitous path of ambition, while others bogged in the morass of personal gratification, or became hopelessly entangled in the palpable undergrowth of selfishness. They are victims of the pathological departmeent of habit.

I wish to consider two classes of these unfortunates, which have not recorded conditions more simple, less common, and of decidedly less importance to the public good. I refer to victims of the vicious neuro and psycho habits, hysteria, neurasthenia and the psychoses, and more particularly to that large and growing class of narcomaniacs, those who are in the clutches of the crave for that false satisfaction and flitting comfort which attends intoxication, whether from the flowing bowl, the nodding poppy, the seductive coca, or the pernicious products of the laboratory. Alcoholism and morphinism will be taken as the chief types of narcomania.

ETIOLOGY.

Some amenable causes. The elements, physical and otherwise, which are factors in inducing these perverted habits, are legion. We quickly ascribe the cause to each case as it is presented.

There are a few common and flagrant abuses of the laws of habit, pernicious and far reaching in their influence, against which we, as counselors, should earnestly raise our voices—and we do not. If the Oneida idea of family communism had any basis of reason, it lay in the fact that a defective heredity beecomes an almost hopeless heritage with 15 years of environment controlled by that defective parentage. Even in the better homes there is too often a laxity in the home government, based on a misconception of the duties of love, which paralyzes the growth of will power and unselfishnes.

Autointoxication. Another pregnant cause of the neuroses is chronic autointoxication. The abominations practiced in the name of food and drink are a disgrace to our intelligence. The average man's reasoning stops at his palate. Let that be properly tickled and one of the chief ends of his existence is accomplished. The intricate and delicate processes of digestion, and the more elaborate, almost mysterious, operations of metabolism are ignored. So long as the stomach does not opeenly rebel, all is well. Yet fortunate is the man whose gorge of heterogeneous messes is followed by cramp colic. That mass, at least, of discordant com-

binations will not overburden the laboratory of waste and repair, leaving its inevitable residue of toxines to nag and irritate mind and nerve. It is indeed deplorable that our profession is so remiss, both by precept and example, in neutralizing the forces of diet quacks and cranks, by earnest study and intelligent advice. Chronic intoxication is a frank enemy compared with insidious chronic autointoxication.

Treating. The list of inebriates doubtless receives many recruits through our questionably generous American custom of treating. The Germans drink well, but more wisely. Repeatedly have I had men tell me that it was the social "come have a drink" that started them to drunkeness. How many young men have been carried home drunk the first time, because there were a half dozen in the crowd and it meant a drink apiece. The question has also been pertinently asked, why refusal of mein host's wine so often makes the guest conspicuous, while neglect of the salad is unnoted.

PATENT MEDICINES.

Another habit, strongly American, is adding its legions to the slavery of drugs. The use of patent medicines of secret composition has obtained a strong hold on the public. The medicine vendor's liberal donation to the advertising department, has won the silence, at least, of most periodicals. So the damage done by these potent compounds is seldom related. Now and then an editor, who uses his honor in his business, utters his protest. But the sale of these esoteric compounds continues increasingly. We know the percentages of alcohol and opiates contained in many of these popular panaceas and can but warn, and work for the law requiring the printing of the formula on every package. Then the victims of these nostrums will be willing, not innocent. In our work with habit patients it has been made clear that a considerable proportion of them acquired their habit through the use of some proprietary medicine, while nearly half of the alcoholic relapse have the appetite rekindled by Peruna or other compound of similar stripe.

Abuse of the hypodermic. Few morphine or cocaine patients, giving the history of their habit, fail to lay the blame at the door of some physician, and "pity 'tis, 'tis true." Could the public but know the incompetency which lurks behind the average hypodermic injection of morphia, some doctors would be eliminated. The promiscuous hypo of morphine is damnable, nor is the unguarded prescription for cocain, chlorodyne and the entire narcotic class less wanton. Could any physician but read the soul of a so-called "dope fiend" and know the depths of moral depravity and physical and mental misery which some ignorant dose of morphine has entailed, his use of the drug would become clearly defined, if he is worthy the title he bears.

PATHOLOGY.

Neuroses. I wish to call to mind the points of interest, pathologically, which are most frequently observed in work with these patients.

Inorganic. Autointoxication, illusive but persistent, is present in a large percentage of the inorganic neuroses. Reflex disturbances from eyes unfocused, uteri displaced, prepuces adhering (in both sexes), and vesical and rectal irritations are potent reasons for nervous debilities. The reputation of the orificial surgeon was made in relieving such conditions.

The normal mind presents a trained intellect, a dominant, yet reasonably elastic, will, and emotions spontaneous,

yet subservient. In the neuroses, as well as in all habit patients, we find this symmetry destroyed. While the intellect is often normal, sometimes brilliant, the balance between the will and emotions is sadly deranged. Wilfulness has displaced the former, while an overwrought emotivity distracts the mind and vexes the body.

Organic· Truly the sins of the parent are visited on the children, to the third and fourth generation, and we find the hereditary stigmata of degeneration proclaiming this truth in the persons of many of these patients. These are undoubtedly the weaker brethren, whom we can so easily make to offend, and whom we are enjoined to protect even at the sacrifice of personal gratification. Alcoholics, as a class, are more free from these marks of deterioration than are the neurotics and drug users.

The mind hesitates to accept a purely functional idea of the neuroses and demands a structural change as the basis for each functual derangement. Nor is it difficult to concede the probability of minute, yet definite, structural disturbances arising from the repeated irritation of the autochthonous poisons. Our methods of observation may long be too crude to give these alterations a name, other than nutritive disturbances. The "uric acid diathesis," with its chain of functional disorders, including a certain proportion of the cases of neurasthenia, exemplifies this class. Definite alterations in structure, proliferative or degenerative are probably demonstrable in all cases of long standing.

ALCOHOLISM.

The pathology of acute alcoholism, as shown post-mortem, consists of congestion, sometimes inflammation, of the stomach and duodenum; congestion of the brain and membranes. The kidneys and liver also show the effects of the irritant poison.

Many men have been of many minds as to whether the constant use of alcohol is productive of degenerative changes in the parenchyma of brain, liver and kidneys. Undoubtedly the individual factor is strong in the resistance which each man offers to the presencee of alcohol in his sytem· Sooner or later, howeever, changes will occur, and it matteers little whether the change is primarily a proliferation of the essential parenchyma cells, followed by connective tissue replacement. Whether by productive inflammation or primary degeneration, the damage is done, and the power of the organism is reduced in proportion to the amount of vital tissue lost.

Practically speaking, we find few chronic alcoholics who do not present a subacute gastritis, the relief of which is an important factor in curing the crave.

But by far the most important pathological element of chronic alcoholism is the pernicious habit-chain, which makes inebriety a neurotic disease, involving the central nervous system. It is no longer stimulation that the heavy drinker seeks, but his nerves are demanding the anesthetic influence of the alcohol. Deprive him of this, even though he may abhor the taste of liquor, and the system will cry out in its need for alcohol. In this condition man is a habit slave. We all recall Robt. Louis Stevenson's vivid dramatization of this psysco-pathological tragedy in his "Dr. Jakel and Mr. Hyde." Fortunately, many of these cases may be redeemed under proper treatment, hopeless as they may seem.

MORPHINISM.

The physical alterations in morph-

inism are decidedly less marked than in alcoholism. The tissues are usually imperfectly nourished, in the severer cases, but an autopsy made on the average habitue would be negative, so far as alterations traceable to the drug. There is a condition, however, which has seldom been noted, which I wish to emphasize. It is the chronic interruption to catabolism and elimination accompanying the regular use of any preparation of opium. We all know the usual effects of a single dose in checking the secretions. In the regular user there is a sluggishness of tissue change and a retention of tissue waste, made possible only by the drug's inhibitory action on the glandular system and anesthetic influence on the nerves of sensation. Twenty-four hours opium will open Pandora's box in that poor body. Every gland, from sudoriferous to liver, will realize the presence of offensive material and "get busy," while the entire sensorium will be a hell of torture. Yet this is functional, and we say that chronic morphinism presents practically no pathologic changes.

Mentally, the damage is greater. The opium user rapidly loses will-power, becomes morbid, self-centered, irresolute, with gradually impaired mentality. Even more deplorable is the moral damage. Religion, truth, honor, chastity, cease to be even pretenses in the face of the opium crave. Yet many of these miserable creatures can be restored to average health, physically and mentally. Morally, the Divine Healer alone is ufficient

DIAGNOSIS.

Neuroses. Little need be said in reference to the diagnosis of the various neuroses. Clear and discriminating classification is the essential. Hysteria is often associated with organic disorders, all of which it mimics, but its stigmata are sign-boards.

Narcomania. The nosology of the addictions is simple, but the requirements of prognosis, demand a clear insight into the mental and moral, as well as the physical status, of the patient. These determinations truly tax the keenest observation and demand the most thorough investigation.

PROGNOSIS.

Neuroses. The prognosis of the functional neuroses, dependent upon reffex conditions, is often exceedingly hopeful. The neurologist evokes the aid of the oculist, or the surgeon, rhinologist, or other specialist, as the case may demand. The source of reflex irritation removed, the treatment of the nervous effects is uually very gratifying.

When chronic autointoxication is the underlying cause, the prognosis is necessarily modified. The patient's appetite is usually morbid or irrational and his metabolism has become a perverted physco-chemic habit. A distinct dietetic revolution is indicated, and unfortunately many patients will not exercse the moral force necessary to win successful results. An earnest, intelligent patient, faithful in co-operation, can be definitely and decidedly helped, especially when the constant observation and regularity of institutional treatment is available.

When the neurosis is the result of a disproportion of the mental elements, with a morbid, hypersensitive or erratic emotional nature in the ascendency, the cure becomes a process of education. Such a psychological state becomes almost as inherent to that person as his complexion. Kindly, firm, but radical measures alone will succeeed. Practical control of the patient, together with his confidence and loyalty

will work wonders, if these advantages are forcefully and intelligently directed.

Alcoholism. The prognosis of inebriate is a matter of unusual practical importance. To state what the result of treatment will be in a given case is indefinite; what proportion of one thousand cases will remain cured, is certain. Illogical as it may appear at first thought, the daily drinker, using 365 pints of whiskey annually, is a much more hopeful patient than the one drinking ten pints in the same space of time, during three or four sprees. The regular, or steady drinker demands the constant anesthetic effect of his bottle. Although he seldom admits the fact, even to himself, he drinks because he has to. He is bound to Ixion's wheel, revolving day after day in his miserable circle, his efforts at release but increasing his misery. From four to eight weeks of intelligent treatment will cure 60 per cent of this class. "Cured" indicates that there has been no return of the habit at the end of two years.

The periodic drinker, or spreer, presents quite another habit complex. Not unlike attacks of periodic insanity, the crave will come upon the victim with a power which he is practically unable to resist. He drinks to saturation, often *ad nauseam*, straightens up, and may be a useful member of society till the next attack. I recall the case of a most excellent salesman, who, for years, was able to obtain and hold positions in the best retail stores of a large city, in face of the fact that he had been known to stop in the midst of measuring goods for his waiting customer, excuse himself, leave the store and be gone a week, as drunk as Bacchus. Usually, however, wife or acquaintances recognized the prodromata and anticipated the attack. With the regular drinker, the habit circle once broken for one or two months, the patient is practically safe, if he can be delivered from his treating "friends." But with the periodic drinker the habit cycle extends over a period of weeks or months and is proportionately difficult to eradicate. In a month of treatment the regular drinker's cycle has been interrupted or broken 30 times, the periodic drinker's, probably but once. So with less than three months of intelligent treatment fully 50 per cent will "break over" within two years. Still, the writer knows numbers of these cases who are now "straight," having returned for treatment after one, two, and in a few cases, three relapses.

Drug patients. Excepting organic lesions, the duration of the habit bondage, not the daily amount of the drug used, determines the prognosis in morphine, cocaine and most drug habitues. The thought and sensation channels become deeper and deeper, as the years of drug life multiply, and thus the habit becomes more and more a part of the patient's self. Taking the morphine case as example, there are serious problems to solve, aside from the crave habit, before the patient is safe. Physical laziness and hypersensitiveness, menetal instability and egoism, and moral obliquity, form a combination that must be altered before the drug victim is as he was before the curse of this servility was upon him.

The time required to stop the physical need for any drug is comparatively short, less than two weeks, usually; the time necessary to place the patient's physical self on an average footing, is longer, four to six weeks; the time necessary to restore mental equilibrim, still longer, two to three months; and I believe it is beyond unaided human power to unravel the moral tangle.

Every week the patient remains under treatmenet, up to a certain point, gives him that much firmer ground when he starts to walk alone. Six weeks should be the minimum time for any morphine case. As many months are needed for others, and a few will never leave the drug alone outside of an institution or the grave. Nevertheless, under treatment which appreciates all that is to be done and does all that can be done, the majority of uncomplicated drug cases are curable. The specialist can truthfully promise that every case accepted for treatment will return home, taking no medicine whatever, and freed from the necessity and desire for narcotic and stimulant.

PROPHYLAXIS.

Difficulties. A few almost hopeless words may be uttered in reference to the prevention of these conditions. Civilization has brought much of comfort and luxury, yet not without a price. Worldly success, and a few years of luxury cost man his digestion; intellectual attainments and brilliancy cost him his muscle. A generation or so of muscularly minus, nervously plus, dyspeptics, produces a family of hypersensitive neurotics. Success, luxury and French cookery are increasing in this wonderful land of ours—and so is the crop of nervous weaklings. Under the glamour of civilization human nature is well nigh blind to the truer blessings of the simple life, near to Nature, nor is our advice asked or heeded till the damage is done.

Three points. Untold good would follow the correction of three abuses. The general adoption of a wholesome, but simple, diet; the recognition of the necessity of developing the will and keeping the emotional nature in the background, in child training; and a broader knowledge and higher professional ideals in the administration of stimulants and narcotics.

TREATMENT.

Chronic hysteria. As the home influence is usually but a continuation of the forces of heredity, it is wise in treatment to remove the cases of chronic hysteria from the association of the family. No class of patients needs and depends more on influence, suggestion, if you wish, than these willess, emotional neurotics. And under proper influence and wholesome discipline, they often make marvelous improvement. Massage and static electricity are extremely useful in hysterical joints, paralysis, contractures and anesthesias. But hydrotheraphy, systematically and scientifically employed, is the unrivalled remedy for the kaleidoscopic dysaesthesias and hyperaesthesias which are the burden of these poor creature's woes. The cold spray over the spine and hysterogenic zones, is wonderfully efficient. To obtain the best results the percutient force, as well as the temperature, should be subject to nice regulation. Possibly excepting hypnotism, hydrotherapy promises more for the chronic hysteric state than any other measure. Hypnotism, however, is a two-edged sword.

Neurasthenia. This is usually saved in the end, by prescribing the full "rest cure" in all cases of neurasthenia. The radical change involved in the rigid isolation, the revolution in diet, the absolute bodily, and approximate mental rest, together with the systematic massage and electrical stimulation of muscles, forms a combination rarely unsuccessful, when carried out to the letter, which, unfortunately, is not always done. It is indeel a difficult proceeding outside an institution.

Psychoses. In the severe mental derangements there is little choice of

management. The State asylums handle them to the best advantage. In milder cases, the choice lies between public and private institutions. Superior medical skill is found in the former, while the special afford special attention and individual care. In the majority of cases, change, suggestion, massage, forced feeding, and, in a proportion of cases, static electricity, offer more hope than medicine.

Alcoholism. As we approach the treatment of narcomania, we consider a subject which has been neglected by the regular profession and so preeempted by charlatinism that a reputable physician hesitates to identify himself with it. Keeley's financial success turned the heads of many, and launched them in the current of quackery ,till now one reads few advertising columns which do not proclaim their wares, often with the blatant, charlatan ring. As one reads the vivid announcements of the various "Gold Cures," "Home Cures," "Ten Day Cures," "Specifics," and "Secrets," promising renewed minds and whole bodies, accompanied by testimonials from governors and senators, guaranteeing "painless relief" with " No cure no pay" headlines, all over the name of some M. D., there is a feeling that the whole business is too sordid to touch. Yet the victims of narcomania are true sufferers, as much under the power of disease as the tubercular patient, and they deserve more earnest attention from our profession than has yet been given them. But it is a regretable fact that, as a profession, we have little of practical help to offer. I have known graduates from our better medical colleges, who had never received a lecture on the subject, while the information contained in our text books on practice and neurology is woefully light.

Acute. Common experience has taught most of us the best method of caring for acute alcoholism. A hypo. of morphine, or heavy dose of bromides or chloral, to make him sleep it off, or an emetic, a stiff dose of aromatic spts. of ammoni and a Turkish bath, to sober him up, are the usual methods employed. If the morphnie is used, patients should be carefully watched, for they have been known to stop breathing.

Chronic. In the treatment of habit patients, the adaption of all known means and remedies to the case in hand, is an essential to success. The tyro in medicine will fail, as an extreme elasticity of treatment and variety of resources are demanded by the divers tempermants and nervous makeups of habit victims. The following outline of treatment is, however, a successful basis from which the proper varitaions may be made. Elimination is the first requisite, and the skin, kidneys and bowels should be aroused sharply. If the patient is drinking hard the Turko-Russian bath or hot pack is given; if not drinking, the hot tub will answer; internally a full dose of calomel and podophyllin, to be followed by saturated solution of magnesium sulphate and aromatic cascara sagrada. A full dose of the old fashioned buchu and acetate of potash will usually stimulate urinary elimination. If the patient is drinking wildly, as is sometimes the case, and is hard to manage, a hypo. of apomorphia hydrochlorate 1-10, combined with morphia 1-6 to 1-4, will rapidly simplify matters. This dose, however, is rarely necessary. The patient is started on the tonic treatment as soon as possible. This is given hourly, during the first few days and every two hours for several weeks following, always, particularly in beer drinkers,

with plenty of water. A combination of muriate of ammonia, tr. gentian, tr. capsicum, f. e. wild cherry, chloride of gold and sodium, with glycerine and just enough dilute alcohol to hold the solution, is specially adapted to the alcoholics. The patient is allowed to drink at will, the only stipulation being that he takes a dose of tonic before each drink. Meanwhile, the regular hypodermic medication of the sulphates of duboisia and sparteine is begun—three doses daily of about 1-300 gr. of the duboisia and 1-3 gr. of the sparteine. In cases particularly susceptible to the midriatics, this dose will have to be reduced. Within three days, under this treatment, 80 per cent will voluntarily stop drinking, and within a week 95 per cent. The remaining 5 per cent are treated as morphine cases. Bromides, in full doses are helpful when the patient is unusually nervous. Passiflora or paraldehyde is indicated for insomnia. The appetite soon becomes almost abnormal and it is necessary to keep up the elimination and the exercise. The liver is apt to become quite inactive during the third week, having lost the customary irritation of the alcohol. Anticipating this will often save the patient several days of depression at this stage of the treatment.

Each case early receives a thorough physical examination. Frequently, conditions are found which have been excuses for sprees. Hemorrhoids, anal fissures, carious teeth, and other painful conditions should be referred to the surgeon. In quite a proportion of cases a subacute gastritis or dilated stomach demands lavage. Other conditions will be presented which will be met as indicated. The personal influence of the physician, is a matter of serious import to the patient. It can be of wonderful value to the life, whose future depends on the outcome of this treatment. Many patieents are making the fight of their lives, while they are under treatment, for this blighting habit, and the physician's influence may be an unmeasured force for morality and strength of character.

Morphinism. The morphine patient is by all odds the most difficult of all drug habitues to cure, so may be taken as the type. For many years our profession has considered these patients practically incurable. Rarely, one might have the stamina to stick out the illogical treatment and win. The only method recognized was that of gradually reducing the amount of drug and extending the time between the doses. Even the astute Keeley found no better plan. Less than four years ago Dr. M. K. Lott, of Cameron, Texas, read a paper at the Calvert meeting of the Brazos Valley Medical Association, announcing that in morphine users hyoscine delirium was followed by a loss of desire for the morphine, citing his own experience as an example. Dr. H. A. Hare, of Philadelphia, took up the subject and gave it some attention. Now there are numerous claimants as originators of the "Hyoscine Method." As carried out by Dr. Lott the treatment was rather crude, ascribing too much virtue to the hyoscine, still it was a marked advance over the old method. Unfortunately it has given rise to a school of quacks, who use a half page, double leaded, in the Sunday paper, to tell of the wonderful secret, short-time cure for the drug habit. And there is a grain of truth in it all. The following method, I feel is based on purely scientific grounds. I have known it to cure patients taking one hundred grains of morphine and cocaine daily, patients who have been morphine slaves for twenty years, women who have taken

the drug from girlhood, and one patient who had spent over six and one-half years of her twelve years of morphine life, in institutions and asylums, being treated by the old extension and reduction method. I would divide this treatment into four periods; first, elimination and reducton; second, delirium; third, comfort; fourth, nervous irritability and recuperation. The first period is much the same as the beginning of the treatment for alcoholism. The patient uses the drug in reduced doses for the day or so necessary to accomplish as thorough elinination as is possible with morphine in the system. Skin, kidneys and bowels are very thoroughly stimulated. Following the last Turkish or sweet bath, the patient will often sleep for several hours. Soon after waking he will want morphine. He has had his last dose. Whether that was one or five grains matters not, he will have no more. Instead, he is given, hypodermically, hyoscine, sparteine and duboisia, 1-200, 1-4 and 1-600 gr. respectively. This dose is repeated every fifteen minutes till the patient is mildly delirious, which condition is maintained for from 24 to 72 hours, depending on the case. All this time the elimination is being continued, with the physician or specially trained nurse in constant attendance. I would not pretend to say that the patients do not suffer. I do not believe it possible to turn loose upon a hypersensitive nervous system the eftete products of years of imperfect elimination, without those nerves crying out in agony. But the philosophy of this treatment is that the patient never realizes a pang of this. The delirium is a mild, harmless state, the patient being kept so near the edge of consciousness that he will momentarily respond when directly addressed. The purging, sweating and vomiting of the old method, when nature tried to eliminate and would be balked, are practically unobserved in this treatment. Liquid food is given frequently. Different patients require decidedly different doses of the hyoscine. A few respond to the 1-200 gr. doses, while I have given a medium sized woman 1-25, every one to three hours for two days. Probably the hyoscine is not a specific. Any other drug which would produce the harmless unconsciousness and not interfere with the elimination, could be substituted. Dionin has its use during the period of reduction, and in some cases it is well to use this drug to modify the nervous irritability, though extreme caution is requisite. The patient must not depend on medicine for relief. The sparteine, of course, is a safety support for the heart. The first few days after the return of consciousness are usually days of comfort. This is a deceiving period. The patient realizes that he is taking no morphine and feels the need of none. He has broken the chain and is free. The short cure advertisers now assure him that he is cured. And it is even so with less than 10 per cent of the cases. The other 90 per cent have a definite period of nervous depression and irritability to pass through. There should never be actual physical suffering, but this discomfort comes, a blessing in disguise. Every human being must learn some resistance and self-control, or all would become drug users, sooner or later. So begins the physical and mental reconstruction, with gradually shortening periods of irritability, during which a large percentage of cases would take morphine if they could get it, which the short cure cases do. Russian baths, massage and especially washed castor oil, will do wonders for these so-called "morphine pains," which are, in fact,

gradually lessening instalments of liberated toxines, demanding elimination, for which the castor oil is almost a specific. The amount of foul debris thrown off by a case of morphinism is beyond ordinary belief. In the bad chronic cases months are needed to restore self-control, an object in life, honor and unselfishness. The best simple food, exercise, baths, electricity and proper tonics, with the influence of high ideals, and if possible, an appeal to the moral man, are essential during this period of growth. As slaves first freed, ignorant, so is the drug patient when liberated, he knows only the abnormal and must learn the normal.

CONCLUSION.

Scattered over our country are an increasing number of institutions, under the management of earnest, ethical physicians, giving their best thought to habit patients. Thorough work is being done in many of them and every year shows improvements in methods. No brazen claims of superiority issue from their doors. Force of character and honesty of purpose abide there and labor for the patients entrusted to their care. What physician, engaged in practice, has not repeated opportunities to divert his habit cases from the quack, who has sold his professional birthright for a mess of pottage, into the hands of legtimate care? Is it not the privilage of every physician to investigate the claims and methods of a number of institutions (if he has not the time and equipment to care for his own cases), till he finds one worthy of his confidence, and by co-operation increase that institutions usefulness and secure the highest good to his patient?

Gall-Stones With Report of Cases.

By J. W. Long, M. D., Greensboro, N. C.—
Read at the 52nd Annual Meeting of the State Medical Society at Greensboro, N. C., May 24th, 1905.

The upper right quadrant of the abdomen is attracting more attention today from surgeons than perhaps any other portion of the human body. In this quadrant there are three structures intimately connected, all of which can be covered by the palm of the hand, and which are so often diseased, and are productive of so much suffering, impairment of health and destruction of life that any serious symptoms pointing to that region always suggests to the surgical mind that either the gall-bladder with its ducts, the duodenum, or the pyloric end of the stomach is in trouble.

Diseases of the vermiform appendix and their treatment have been studied almost to a finish by those who have kept abreast with modern surgical teachings, but the study of diseases of the organs in the upper right quadrant is still in its infancy, although many important discoveries have been made, and some facts indisputably settled.

This paper is confined to a review of some practical points regarding surgery of the gall-bladder and its ducts, reinforced by a report of some striking cases.

The evolution of gall-bladder surgery is exceedingly interesting but we will not attempt to go into details of this phase of the subject further than to say that practically every important step has been learned since the writer of this paper began the study of medicine, therefore, it goes without saying that we are not studying ancient history, but modern surgical science.

Since only practical questions will be discussed in this paper, many points

interesting to those who love science for science's sake will be omitted.

FREQUENCY.

Like the knowledge of wide dissemination of tuberculosis, appendicitis and hook worm disease, a mere statement of the prevalence of gall-stones is startling, and since it is known that gall-stones are subject to long periods of quiescence not to speak of their insidious formation it makes one feel a twinge of uneasiness for fear that he may awake some morning with a pain under the point of his right ninth rib.

Gall-stones are said by Moynihan to be present in 10 per cent of all bodies examined post-mortem, and Naunyn says that every fourth elderly woman has gall-stones. Moynihan says further that probably nine persons out of ten, who have gall-stones are never conscious of the fact. Indeed they may be passed through the bowel without ever having caused any symptoms. Even early infancy is not free from gall-stones, since it has been shown that jaundice occuring immediately after birth may be due to their presence.

ETIOLOGY.

The causes producing gall-stones have been carefully studied, but probably are not yet thoroughly understood. However, there are two or three conditions, which have been shown must be present before we can have formation of gall-stones.

In the first place it must be remembered that gall-stones consist chiefly of cholesterin and bilirubin-calcium. Budd, as far back as 1845 was the first to suggest that the cholesterin of gall-stone came from the mucosa of the gall-bladder. Bristowe, in 1887, advanced the same view, and Naunyn, in 1892, strongly advocated this theory. It seems now to be definitely settled that both of these substances are excreted by the bladder mucosa. It follows then that the gall-bladder is the factory where gall-stones are made. Even stones that are found "up-stream" in the hepatic ducts were probably formed in the gall-bladder and migrated thence. While this is the rule it must be admitted that it is possible for stones to form primarily in the intra-hepatic ducts.

But there must be other factors than the mere presence of cholesterin and bilirubin-calcium, since these are the natural constituents of bile, therefore, always present, and it is only when they are present in excess, just as when we put too much sugar in our coffee, are they precipitated, and form gall-stones.

The one thing necessary in the production of excessive outpour of gall-stone constituents is inflammation of the gall-bladder, and Meckel calls this "lithogenous catarrh."

As long ago as 1554 Ferneilus pointed out that there must always be stasis in the bile current before there is a formation of gall-stones. This astute observation has been borne out by recent experiments, since it has been found that to produce lithogenous catarrh there must first be an obstruction to the flow of bile, as the economy of the bile system is such that the physiological drainage readily empties the bladder ducts, even though there be irritants or infectious agents in the bile. Miyake and others in experimenting with the colon bacillus found that to produce gall-stones there must be an impediment to the flow of bile through the cystic duct. Mignot has shown that even the presence of foreign bodies in the gall-bladder for many months will not cause gall-stones unless there

is some impedient to the flow of bile or infection be present.

This brings us to a consideration of the part which bacteria may play in the formation of gall-stones. In order to economize time it may be stated briefly that normal bile is free from bacteria, but it is not an antiseptic as was formerly supposed since it is a very good medium for the culture of germs. In health the bile passages are usually free from germs. Sherrington showed in 1898 that the lower end of the common duct conatins no bacteria as a rule unless there be some impediment to the regular outspurts of bile, but the moment there is an obstruction there is an instant invasion of colon bacilli. Now there are only two ways in which germs can find access to the gall-bladder; first, along the common duct, and second, through the blood supply.

Welch, in 1890, found colon bacillus and staphylococcus pyogenes in gall-stones. In 1896 Hanot and Milam found typhoid bacillus in gall-stones. Italia summarizes our knowledge on this subject as follows:

First: The bacillus coli and bacillus typhosus are the specific organisms in the formation of cholesterin calculi.

Second: The streptococcus pyogenes and the staphylococcus pyogenes aureus are rarely the causes of gall-stone formation. When they are the stones consist solely of calcium salts.

Third: If the bacillus coli and the streptococcus or staphylococcus are present the stone is of mixed formation.

Fourth: The bacillus subtilis grows well in bile but does not alter it in any way.

Hester says there is no evidence of the formation of gall-stones without the presence of bacteria. While this is probably true yet it must be remembered that gall-stones are sometimes found in new born infants, which have been, of course, free from bacteria of any kind. Another curious fact in this connection is that a virulent infection of the gall-bladder will not cause the formation of stones. This seems to be due to the intensity of the resulting inflammation producing a sediment mixed with pus which has no tendency to adhere to foreign bodies.

In this present state of our knowledge touching the formation of gall-stones we may accept the following summary until more light is shed upon the subject:

First: Bile stasis.

Second: Infectious bacteria.

Third: Lithogenous catarrh.

SYMPTOMS.

The symptoms of gall-stones may be tersely described. They are pain, tenderness, colic, nausea, vomiting, jaundice, fever, tumor and those of peritonitis.

Pain.—Pain must be distinguished from colic. It is of two kinds fixed, deep-seated, boring pain and referred pain. The former is confined to the gall-bladder region and can usually be located by the patient. Referred pain is, in seven cases out of ten, according to Murphy, felt under the right scapular. At times it may be in the left shoulder or right arm.

Tenderness.—Tenderness, as elicitated by palpation, is not quite identical with pain, yet is closely associated with it. The principal point of tenderness is immediately over the gall-bladder at the tip of the ninth rib and is best elicitated by Moynihan's method, which consists in placing the hand over the liver with the thumb under the edge of the ribes and encourage the patient to take a full breath. The descent of the diaphragm forces the tender gall-bladder against the thumb. It must be

noted that in extreme enteroptosis the liver and gall-bladder are much below the edge of the ribs, in this case the edge of the liver must be sought. A second point of tenderness is behind the right side on a level with the twelfth thoracic vertebra, two to four fingers breadth from the spine. Boas lays much stress upon this symptom. One important feature of Boas' symptom is that when present during an acute attack it is also invariably present during the intervals; that is, if once present, always present.

Colic.—Colic is probably due to the effort of the gall-bladder and ducts to propel the stones through the ducts. The exact factors producing colic are unsettled, but when present there is no doubt in the patient's mind about the colic being of a very terrifying nature. The colic is often aroused by a full meal, usually exertion, or many times without apparent cause. One of my patients had her first attack of colic immediately after a fall from the top of a load of hay. These attacks often come on with the semblance of regularity. Another patient had an attack almost invariably on Sunday and Tuesday nights. The colic usually lasts until the patient vomits or is relieved by an opiate.

Nausea and Vomiting.—Disturbed digestion so often accompanies gall-stones that Moynihan has said: "If one wished to frame an epigram it could be said with truth, that the most common symptom of gall-stones is indigestion." Indeed, I have come to regard persistent indigestion with occasion attacks of nausea and vomiting as being strongly suggestive of the presence of gall-stones.

Jaundice.—Jaundice is a misleading symptom since its absence is so often counted against the presence of gall-stones. The truth is that jaundice is never present except when there is an obstruction in the common and hepatic ducts and usually this obstruction is a stone. One of my cases was slightly jaundiced from the impaction of a large stone in the cystic duct and pressing upon the common duct. Murphy states that in his experience that only 14 per cent of his patients had jaundice. Persistent unremitting jaundice suggests nalignant disease.

Fever.—Fever accompanying gall-stones depends always upon infection of the gall-bladder or ducts and varies from normal to 105. The peculiarity of gall-stone fever is the sharp rise of temperature which lasts only a few hours and drops suddenly back to normal. It is often spoken of as "a steeple temperature." One of my patients in this town would have at irregular intervals a chill accompanied by a terrific colic and followed by a sudden rise of temperature to 105 degrees. A dose of morphine would relieve the pain and in a few hours the temperature would be normal. I found at operation a suppurating cholangitis with 39 stones in the gall-bladder and one in the common duct.

Tumor.—A tumor is rarely present except when the cystic duct is blocked, usually by a stone. It may also occur when the common duct is obstructed.

Peritonitis.—Localized peritonitis is often a symptom of gall-stones and it is not unusual to find in neglected cases a wide spread peritonitis starting from an infected or ruptured gall-bladder. I have seen at least two cases of this kind die without operation.

Surgical Treatment.—There is no other treatment for gall-stones. I shall discuss only three proceedures since one or more of these proceedures are indicated in the vast majority of cases.

Cholecystostomy.
Cholecystectomy.
Choledochotomy.

CHOLECYSTOSTOMY.

Cholecystostomy consists in opening the gall-bladder and fastening it to the abdominal wall. It will ever remain to the glory of American surgery that Robbs, in 1867, performed the first cholecystostomy in one stage. However, Bobbs operated on a mistaken diagnosis but his operation was quickly followed by others. In 1882 Konig did the first successful cholecystostomy in two stages, but while the latter is the ideal operation since it removes the organ which manufactures the stones, yet there are many patients who would probably die if a cholecystectomy were undertaken that might be saved by doing a rapid cholecystostomy. Several such cases have been under my care. Moynihan wisely observes that the surgeon's own experience is his best guide, and he should do that operation which will give his patient the best chance for his life.

CHOLECYSTECTOMY.

Cholecystectomy is the operation of choice when the stones are confined to the bladder and cystic duct, and the common and hepatic ducts are patulous. This operation was done in 1883 by Langenbuck. It is not a difficult operation except where many dense adhesions are present, and even then if the patient can stand it perseverance and skill will overcome the adhesions. Indeed, I think it may safely be stated that any competent surgeon can always do a cholecystectomy, provided his patient is in condition to bear the operation.

CHOLEDOCHOTOMY.

Courvoisier perhaps did the first successful choledochotomy, which consists in opening the common duct. To McBurney belongs the credit of doing the first duodeno-choledochotomy.

There are a number of other operations for the relief of gall-stone diseases that are of great value, but those just mentioned are those mostly used, and as this is intended to be a practical paper we will discuss no others.

A brief report of the gall-stone cases I have done is appended. All of them but one were done at the Greensboro Hospital, and all but one within the last six months.

Case 1.—Forty gall-stones, one in common duct, cholecystitis; operation, cholecystectomy, choledochotomy; recovery.

Mrs. B., age 38; married; mother of six children; suffered from cholecystitis eighteen years ago. At that time the gall-bladder was enlarged, easily palpated and tender; after ten days these symptpoms gradually subsided and the patient had no further trouble with her gall-bladder until the early part of 1903, when she began to suffer with attacks of colic. These occurred at irregular intervals and with increasing severity. After a few months the attacks were accompanied by sypmtoms of sepsis. The patient would be siezed with a chill accompanied by intense pain in the gall-bladder region, followed by a quick rise of temperature of 103 to 105 degrees. After a few hours the temperature would subside and the patient would be out of bed in a short while. These attacks were always followed by jaundice. The patient became very much emaciated and cholaemic. At operation, which was done Sept. 9th, 1903, the gall-bladder was found thickened and septic. It was removed and further search revealed a stone in the common duct. This was stripped back to the opening of the cystic duct stump and removed.

The patient made an uneventful recovery and has been in perfect health ever since.

Case II.—Four large stones, three in common duct; operation, cholecystostomy, choledochotomy; recovery.

Mrs. T., age 42; wife of a prominent physician in another town; had been suffering from gall-stones for ten years. She was also a great sufferer from asthma. When first seen by the writer she had just had a severe attack of gall-stone colic and her skin was of a dirty, lemon color. After a few weeks she entered the Greensboro Hospital and was operated on Nov. 10th, 1904. Many adhensions were found, showing evidence of repeated attcaks of localized peritonitis. The gall-bladder was shrunken and densely adherent to the common duct. Large stones could be found in both structures. On opening the gall-bladder, a faceted stone half an inch square was found and removed. In the side of the gall-bladder was an opening leading into a similar opening in the side of the common duct, through which three other stones had escaped and were packed in the common duct. In other words these stones had become restless at the long delayed coming of the surgeon, and being unable to force themselves through the cystic duct had ulcerated their way through the side of the bladder into the common duct and were heading for the alimentary canal. This is one of the very rare instances in which gall-stones have escaped through the bladder by this route. During the operation my anesthetizer, Dr. J. T. J. Battle, than whom there is none better, warned me repeatedly that the patient was pulseless. She remained so for an hour and only under the most active stimulation did the radial pulse return. Because of her extreme condition the gall-bladder was not removed, but drainage both inside and outside the bladder was established and the patient hurried to bed. She made a very rapid recovery.

Case III.—Gangrene of the gall-bladder; one large stone; cholecystostomy; recovery.

Miss C., age 38; a saleswoman travelling from St. Louis; was seized while in the city of High Point with an intensely agonizing pain in the upper right quadrant of the abdomen. She was brought to the Greensboro Hospital on a cot and her condition was so extreme that she was operated on late one evening, since we felt that it was unsafe to wait till mornnig. At the time she was seen by the writer she referred most of her pain and tenderness to a point midway between the ninth rib and the chest of the ilium. Many adhesions between the gall-bladder, bowels and omentum were found. The gall-bladder was very dark and distended and almost pulpy in consistence, containing about a pint of dark, bloody looking fluid, and a large stone was found packed in the opening of the cystic duct. This stone proved to be of the bilirubin-calcium variety. Cholecystectomy is the ideal operation in gangrene of the gall-bladder, but this patient's condition was so bad that we felt it unsafe to do more than a cholecystostomy with ample drainage around as well as within the gall-bladder. The patient made a good recovery.

Case IV.—Large stone in bladder and one in common duct; cholecystitis; marked cholaemia; jaundice, cholecysostomy, choledochotomy; recovery.

Mrs. M. G. C., age 56; married, mother of four children, gives a history of falling from a load of hay when a girl, and being at once seized with

colic in the gall-bladder region. She has had colic at varying intervals ever since. For a number of months past she had suffered with colic, pain, fever, jaundice, etc. She was first seen by the writer in December, 1902. At this time her condition was very bad. Cholaemia, jaundice, emaciation and prostration were prominent features of her case. A hurried cholecystostomy was done, removing a large gall-stone and several ounces of pus from the gall-bladder. This patient made a rather slow recovery, but the cholaemia and jaundice entirely disappeared and the patient became fat and strong sufficiently so to do her cooking and housekeeping. The biliary fistula continued to discharge large quntities of bile. Under the advice of the writer she entered the Greensboro Hosbital Jan. 17th 1905, and the next day was operated on to overcome the evident obstruction in the common duct, which it was believed caused the continued flow of bile from the fistula. A faceted stone was discovered in the common duct and removed through an incision. The incision was closed by sutures, drainage was established and the patient made an excellent recovery. The old biliary fistula closed and the stools at once showed evidence of bile.

Case V.—Fourteen gall-stones in bladder; no symptoms except colic, appendicitis; cholecystectomy, appendectomy; recovery.

Miss A., age 26; single; referred by Drs. Jones and Strudwick, of Hillsboro. The patient complained of pain and colic, which recurred at fairly regular intervals each week and had done so since last July. The attacks came on almost invariably on Sunday and Tuesday nights, and frequently on other nights during the week. She found relief only in taking morphine, and often it took more than a grain to relieve her. She had neither fever, jaundice, tumor, nausea, vomiting nor tenderness, simply the recurring attacks of colic. February 15th I operated on her at the Greensboro Hospital, removing her gall-bladder containing 14 faceted stones. The common duct was clear and the gall- bladder contained no fluid. The cystic duct was ligated and the stump covered with peritoneum. Through the same incision the inflamed appendix was removed. Gauze drainage from the stump of the cystic duct was employed. The patient made a good recovery.

Case VI.—Three large stones in bladder, cholecystitis, slight jaundice from pressure; cholecystostomy; recovery.

Mrs. R., age 48, was referred to me by Dr. C. S. Gilmer. The patient was married and the mother of numerous children. About eighteen months ago she had a fairly severe attack of what must have been gall-stone colic. Since the latter part of January she had suffered most of the time with intense pain and tenderness in the gall-bladder region. I saw her in one of these attacks and her suffering was terrific. March 18th I did a cholecystostomy, removing three large stones, two of which were impacted in the cystic duct and the other in the pelvis of the gall-bladder. The patient made a perfect and quick recovery.

Case VII.—Three large stones impacted in the cystic duct; gall-bladder infected and distended; peritonitis; cholecystostomy; death.

Mrs. P. was referred to me by my friend, Dr. D. A. Stanton, of High Point. The patient was 56 years old and the mother of a large family of children. Twenty years previously

she had been in the Jefferson Hospital and was tapped for ascitis. A violent peritonitis followed and her life was despaired of, but she gradually recovered. When consulted by the writer she had suffered for many years with her right side, and for eight weeks she had been in bed with peritonitis and every symptom of gall-stones. She had an organic heart lesion and was considered a very poor subject for operation, but her suffering was so great and her demand for relief so urgent that an operation was done on April 8th. On opening the abdomen so many adhesions were found that it was necessary to literally dig one's way to the gall-bladder, which was distended with a pint or more of fluid. The gall-bladder was encased in a sheath of adhesions evidently from the old peritonitis. Three large stones were found tightly packed in the cystic duct and were removed with considerable difficulty, drainage was established. The first three or four days after the operation the patient did fairly well despite the appearance of large quantities of albumen and scanty urine. After a few days the albumen and the volume of urine increased to normal. A week later the urine again became scanty and contained albumen and for twenty-four hours prior to the patient's death there was absolute suppression of urine. The heart did badly all of the time, but continued to work after the kidneys stopped. The patient died at the end of two weeks.

Case VIII.—Cholecystostomy; exploration of right kidney; recovery.

Mrs. B., age 28; married; mother of two children. Was seen May 2nd in consultation with Drs. J. P. Turner and W. P. Beall. She gave a history too long to repeat here. Suffice it to say that four weeks prior to the time she was seen by the writer she had a premature labor due to placenta previa and came near dying, and was saved only by good work. When seen by the writer she had been having chills at irregular intervals and fever most of the time. There was a tender mass in the right upper quadrant. It was believed by all of the physicians in attendance that she showed marked evidences of pus. In order to explore the tender mass carefully an incision was made in the right lumbar region and the right kidney palpated. It was found to be normal. The incision was closed without drainage and a second incision was made over the gall-bladder and this was also found to contain only normal bile. It was believed that the tender mass consisted principally of the prolapsed liver, which, together with the kidney, was congested and tender. Drainage of the gall-bladder was established since it was believed it might in a measure, relieve the congested parts. This patient made a very quick recovery from the operation, which, however, did not seem to affect the course of her disease, which continued serenely on its course. However, the patient is now convalescing very satisfactorily.

Case IX.—Sixty gall-stones in bladder and cystic duct; colic the chief symptom; cholecystostomy; recovery.

Mrs. H., age about 56 years; married; mother of several children. Was referred by her physician, Dr. W. J. Meadows, and operated on at the Greensboro Hospital, May 15th, 1905. This patient has suffered intensely for a number of weeks with colic. She was a feeble old lady with organic heart lesion, jaundice, emaciation, delirium and other evidences of failing health. On opening the abdomen a hurried exploration of the gall-bladder and ducts was made. Stones were felt in the

bladder and cystic ducts. The bladder was quickly opened and the contained bile was withdrawn through a canula and 56 small stones removed. Quite a number were felt in the pelvis of the bladder and cystic duct which could not be removed without undue manipulation. For several days after operation this patient was wildly delirious, but she had no fever and the condition of her wound was ideal throughout. After a few days the delirium all disappeared and her recovery seems to be assured.

The Auscultation of the Fourth and Fifth Months of Pregnancy.

By Dr. O. Srwey (Zent f. Gyn., Dec. 24, 1904.)

On a basis of 14 observations the author is convinced that the fetal heart sounds can be heard and counted as early as the fifth or fourth months of pregnancy. The bladder must be completely emptied and the stethoscope applied directly over the symphisis. If necessary 15 or 20 minutes must be devoted to the task.

ABSTRACTS.

Heart Manipulation for Shock.

Dr. W. C. Conkling gives in detail in *N. Y. and Pa. Med. Jour.,* (Sept. 2nd, 1905), the proceedure adopted by him in the resuscitation, by manipulation of the heart, of a patient apparently dead from shock.

Patient had received a severe cut diagonally across the chest, from left shoulder to below right nipple, severing the second, third and fourth ribs at junction of costal cartilages of left side. Patient had received temporary dressing and been sent to hospital by wagon a distance of six miles. Restoratives administered and operations of repair attempted. Before completing his attention was called to patient's condition, pulse hardly perceptible. Heart stimulants by hypoderic injection and artificial respirations were tried, but to no avail, and in a short while attendants announced he was dead. He passed his index finger into the wound and on the heart and there was no pulsation. Remembering some advice to cut down on the heart and manipulate for sudden death from shock, he grasped the organ between thumb and index finger and manipulated for 40 to 60 seconds when there was a distinct thrill. After a few seconds there were weak pulsations and soon the pulse at the wrist could be detected. Patient recovered. Eight persons were in the room at the time and they judged the time from the cessation of the heart's action to beginning of the manipulations to have been two minutes.

Normal Breathing.

Fitzgerald writes an interesting papei on this subject (So. Cinic, August, 1905), in which he condemns the use of sprays and douches to the nasal cavaties for the cure of diseased conditions therein. The majority of these affections are caused by mouth breathing and the cure is to be effected by breathing through the nose as nature intended. Mouth breathing is unconsciously performed by many persons, as a little observation will demonstrate. It is a habit in the majority of victims and to aid in breaking it up he closes the mouth of the individual while asleep with adhesive plaster, so adjusted as to prevent the opening of the mouth. These two

are applied during the day when necessary, especially in the beginning of colds and diseases of the fauces, where the protection of the vocal cords is essential. Mouth guards are advised for workers in dusty atmospheres until normal breathing is established. Patients are instructed to breathe forcibly through the nose at the rate of one resepiration a second for ten seconds, repeated eight or ten times a day as an exercise instead of using sprays.

"If thorough faulty breathing any portion of the breathing or adjaceent tracts have become affected, in other words, if the individual suffers from nasal catarrh, hay fever, asthma, laryngitis, bronchitis, pulmonary tuberculosis or any form of middle ear and tubal catarrh, the only way to bring about recovery and avoid future attacks, obstructions, irritable areas, etc., being removed, is by insisting that every inspiration shall be taken through the nose."

Early Diagnosis of Tabes Dorsalis.

Harris (J. E.) says it is a generally accepted fact among clinicians that syphillis is responsible for practically all the cases of tabes dorsallis (North West Med., August, 1905). Cold and wet may be a causal factor. Heredity, alcohol and sexual excess play no role as a causative agent. Early diagnosis is important. Three classical symptoms are given the presence of which should enable us to make the diagnosis of tabes; a) lightening pains, sudden attack, lasting but a moment may presist for years as the only symptom. The "girdle sensations," usually a late symptom, may come early as also may anesthesias and parasthesias. (b). The absence of the knee jerk is present in all cases except the few in which the lesion is high up in the cord or in the brain. It may exist alone for a long pepriod or be associated with the lightening pains. (c). The Argyl-Robertson pupil, a pupil that reacts to accomodation but not too light is a symptom evinceing syphillis of the cord as well as tabes and comes in the early stages. Prosis, muscle paralysis, optic atrophy may be among the early symptoms. Myosis is not a positive symptom.

There is a fourth group of symptoms called the "gastric crisis," consisting of uncontrolable vomiting and pain, incontinence or retention of urine and feces, and dysponea from laryngeal troubles.

"To sum up, all cases with a history of recurrent pain, of gastric disturbace, of bladder or rectal trouble, particularly in middle aged men, should be examined with reference to their knee jerks and pupil reflex. Remembering the three classical symptoms—lightning pains, Argyll-Robertson pupil and loss of patellar reflex, tabes should be excluded or the diagnosis made."

To Locate the Stomach.

Knapp (*Medical News*), suggests a plan that he claims cannot be surpassed. Let the patient, standing, drink a glass of cold water; place your warm hand on bare skin of the epigastrium. The cold region on the abdomen locates the stomach.

Sabbatia Angularies.

The use of this simple bitter (American centaury) is much extolled as a remedy for various affections by Dr. J. A. Burnett (So. Clinic, September, 1905). For malarial affections this author prefers it to quinine. It cleans the tongue, acts as a stomach and does not produce any head symptoms. Its periodic action is enhanced by combin-

ing with calamus. It is used largely wherever a tonic and alterative are needed. The author claims for it emanagoge, authelmintic, chologoge and nerve stimulating powers.

X-Ray in Skin Diseases.

Under the title of "Is the X-ray treatment of skin diseases a passing fad?" Le Fever gives his personal experience in treating eczema (Cleveland Med. Jour., September, 1905). The medical profession is over eager to test the value of a therepeutic agent as witness the use of radium which is relegated to the position of a "passing fad." Many dissapointments have occuurred in the use of the X-ray, and too much was expected of it and mistakes were made in testing it upon all kinds of growth. The technique now is more rational and better results are obtained. High and low tubes, distance of the patient and length of exposure, have been discussed and instruments for measuring the intensity of the light have been invented. The best indicator is the skin of the patient under theatment. Fimiliarity with the machine is essential and some skins react more readily than others. Small lesions need a near focus, larger ones must be farther away in order to equalize the effect upon all portions. Operator should be behind the tube and use a shield for protection, the shield being of lead between two pieces of wood. Avoid brass shields. Treatment can be given every day when urgent, generally three times a week is sufficient. Histories and modes of treatment with photographs are given of five typical cases of ezema treated with the X-ray giving from five to twenty treatments, duration of each treatment being five minutes, one case requiring several treatments of fifteen minutes exposure with perfect cures in every case. He concludes the report as follows:

To those who have not followed such cases and personally observed the results obtained, this report may sound over enthusiastic, but many X-ray workers have been equally successful and I think nearly all agree that the X-ray is as near a specific in this class of cases as we could hope to have. In some other skin diseases the results have been very disappointing, but in a number of conditions the cures obtained have been remarkable and in some nothing short of marvelous. So I hope for the X-ray a long life of usefulness and unless, perchance, some new light be added to our armamentarium that will outshine those in existence. I believe the X-ray will grow in favor and not be a "passing fad."

Treatment of Malaria Fever.

J. H. Miller claims an ideal treatment (Med. Council, Sept., 1905) of all forms of malarial feveers in the hypodermic use of quinine instead of per orem. Three grains in hot water are administered and ofter only one dose is required. Congestion of the spleen (fever cake) is treated with hypodermics of fl. ext. ergot.

Burning Feet.

Dr. W. S. Cline, in *Medical World*, says that Balsam Copaiba well rubbed on frost bitten feet will quickly relieve the itching and burning sensation.

Patent Medicine Decision.

From the *Lay Press* we learn that Commissioner Yerkes of the Internal Revenue Department, has issued an order relative to patent medicines that

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is far reaching in its effects and that affects the druggist especially and of interest to the medical profession. After Dec. 1st, 1905, the manufacturers of patent medicines whose products are composed largely of distilled liquors, will be required to take out license as rectifieers of spirits and liquor dealers, and all parties handling these products will be required to pay the license of retail liquor dealers. The compounds coming under this decision are those that sell as medicines, but are composed chiefly of distilled spirits without the addition of drugs or medicines in sufficient quantities to materially change their character.

Each case will be decided upon the formula submitted by the manufacturer and a chemical examination of the artical bought in open market.

It is stated that a large number of extensively advertised medicines will be hurt by the decision.

Surgical Suggestions.

(*From American Journal of Surgery.*)

A fracture produced by only slight violence should at once raise the suspicion of a malignant growth. In such a case a uniform dark shadow about the bone as seen in the fluoroscope is to be interpreted as a neoplasm rather than as callus, for recent callus is not opaque to the x-rays.

In the treatment of fractures of the forearm no consideration is more important than the avoidance of contractures of the fingers, by the intelligent use of splints and by means of early, active and passive movements.

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EDITORIAL.

Some Features of the Nall Case.

Personally we can appreciate the trying position under which the directors and officers of the Central Hospital for the Insane, at Raleigh, are placed in the death of the patient Nall with the attending events and occurrences immediately following it, for we have had, if not similar experiences, almost parallel incidents as has most of those in charge of hospitals for the insane. Not all have experienced the having a patient's death attributed to cruelty, but it is no new thing for wholesale charges of cruelty in hospitals for the insane to be made and brought prominently before the public in the newspapers. Seventy-five per cent of such charges are without foundation in fact, and the majority of those having a basis for the accusation are wonderfully exaggerated.

As to the truthfullness of the charges in this case, we are not in a position to have an opinion and do not think it advisable to discuss this feature of the case as it is a subject of legal investigation. Nall was a patient in the Central Hospital, apparently of robust health and fine physique, but with a history of a weak heart. In an attempt to escape he ran one and a half or two miles, part of the way over ploughed fields and hills; was pursued at first by two attendants, increased later by two others; was overtaken in a piece of woods, bound after something of a struggle and carried back to the institution, a short distance by aid of the attendants on either side, then in a buggy borrowed of someone on the road, later by a carriage sent from the institution in response to a telephone message. He died in less than three hours after reaching the hospital and without regaining consciousness. The The supperintendent, Dr. Jas. McKee, certified to the cause of death as heart failure from over exertion, and the body was sent to his friends at their request.

Some parties who saw Nall in his

race for liberty and also after his capture, considered, from his exhausted state, the boody appearance presented and the demeanor of the attendants having him in charge that more force had been used than was necessary and so reported. Thus it came to the ears of a newspaper reporter and through this medium to the Governor of the State and county coroner. Both acted at once, the first in asking a thorough investigation of the affair on the part of the directors of the institution, and the latter in an inquest as to the cause of the death, in the progress of which the body was twice exhumed and subjected to two autopsies. The coroner's jury found that death was caused by a blow upopn the head producing an extravisation of blood within the cranium. The directors of the institution report to the Governor that the symptom preceeding death indicate that it was caused by heart failure. Well qualified physicians testified in both investigations, those testifying before the coroner's jury, testifying also in the directors investigation. The four attendants were placed in jail and were later allowed to furnish bail and will be put on trial later.

This statement of the salient points in consultation with the circumstances of Nall's death and subsequent proceedings is taken from the reports in the public press. The various comments upon the case and the adverse criticisms and sensational opinions we do not care to discuss. The whole matter is unfortunate in many respects, some of which directly concern the profession as a whole.

In common with all good citizens we deplore the untimely death of one of the wards of the State. The hospitals for the insane of the State are closely related to the medical profession and because of this relation the profession is jealous of their good name. All our institutions ought to be above reproach and because of the peculiar dependency of those bereft of their reason upon our sympathies, the asylum appeals to us with more than ordinary force. The newspaper noteriety given the hospital for the insane by the discussion of such episodes as this, is inimical to its welfare and lessens the usefulness of the institution. The public has a horror of the mad house and though it is not so pronounced as formerly the tendency is still to view it as an evil. There is also a very wide spread belief that the treatment given the inmates is cruel and sometimes inhuman and episodes of this character and the free discussions given them are not calculated to foster a better feeling. Possible one redeeming feature of the great publicity given it is the calling attention to an evil and the consequent expression of public opinion on the question. All are influenced by public opinion and we may reasonably expect more care to be exercised by those in charge of State institutions.

The divergen views of those called as experts as to the cause of Nall's death, is a matter to be deplored. The far reaching consequence of such a state of affairs was treated in an editorial in last month's issue, which, by the way, was written before Nall's death and so with but reference to the unfortunate difference of opinion among the physicians testifying in the case. Of this not much can be said at present because of the legal status of the matter, while an expression of an opinion here might not have any influence on the final outcome of the trial, we do not care to be placed in the position of seeming to use efforts to influence any one in the matter.

Twenty-Seven Years Old.

With its September issue, *The Southern Clinic,* of Richmond, Va., has rounded out twenty-seven years of continuous existence under the control of the same man, that of C. A. Bryce, its accomplished editor and proprietor. With a pardonable pride brother Bryce indulges in a retrospective view of the Clinic's early struggles for existence and its final success on a well earned and securely established and financial basis as well as its hosts of friends who support it. We may not always believe with Bryce, but we admire his independent spirit and the courage of the man in saying what he thinks, regardless of whom it will antagonize.

He announces that the future policy of the journal will be as independent as in the past. He will paddle his own canoe, and if breakers are ahead he will paddle straight on and take what comes. Carrying out his ideas of independent, honorable and liberal journalism.

May Bryce and his Clinic continue to thrive for many years to come.

The Medical Expert.

Expert testimony of medical questions before courts of law ought to carry great weight, but in fact it is often so farcical as to become disgraceful to the medical profession. Of so little use is it because of its character and the estimation in which it is held by courts and juries, that attorneys avoid its introduction as much as possible. These are facts that have often been discussed and are only alluded here to comment on and endorse a most excellent paper by Gradwhol, of St. Louis (St. Louis College of Medicine, Sept., 1905) reviewing the question of "The Duty of the Expeprt to the Individual and the State."

He gives a history of a case before the courts (too long for insertion here) in which physicians were pitted against each other on the witness stand, and some very disreputable spectacles as pertaining to the profession were presented.

The defects of our present system of giving expert testimony are graphically presented. Possible the most glaring one is the partizan character of most of it. This will vie with the testimony of the ignoramus posing as an exponent of legal medicine. The latter, the public can see and excuse to some extent, but when it is known that the fee controls the testimony, and the size of the fee is commensurate with the weight of the evidence, or, in other words the doctor is taking sides with the one that is paying him, it is no wonder expert testimony is held in disrepute. We all recognize how hard it is to be entirely impartial in these cases, especially when only part of the facts are known. Gradwhol well says that "No expert, no matter how learned and incomptable, speaks for his science as a whole." "Skilled experts," says Lord Kenyon, "come with such a bias on their minds to support the cause in which they are embarked that hardly any weight should be given their evidencec."

Physicians are allowed to give expert testimony along lines in which they do not have expert qualifications and thus bring disrepute upon the profession. A good man and honest in his convictions may not be qualified to speak of a special line because of his ignorance of this question.

The influence of wild-cat colleges and diploma mills in putting out a lot of incompotents generally, and their influence on the profession before the courts, naturally brings up the question

of the need of higher medical education. Right here an important difference is to be noted. Legal medicine is not medical jurespudence. But few of our colleges teach legal medicine, hence we have but few experts in legal medicine.

The defects of the present system are readily seen and the results deplored. Many remedies have been proposed and Gradwhol, in his paper, proposes one worthy of consideration. It is as follows: "Let the court or the Governor of the State appoint a commision of experts. Let these experts be nominated by their respective societies. Let them decide matters of expert testimony. Let their fees be paid by the court and the costs afterwards assessed against the side which loses the suit. Let the whole proposition of the partisan employment of experts be abolished."

This, we do not believe, would meet the indications fully, but would certainly be an improvement in vogue in using expert testimony, and as such would recover our endorsement. The event of unaminity on the part of both the medical and legal professions as to what is desirable, has prevented any legal enactments on the question, and probably will until there is a concert of action by the two professions on some well defined plan to meet the situation.

Gradwhol calls attention to the position held by the expert in European countries, whose opinion is quasi-judicial, and hardly hopes that the American expert can reach this eminence. While under our republican form of government, this may not be secured by legal enactment, theree is no reason why the American expert's oppinion should not carry with it both the weight and influence of the Europeans. Make the expert Amicucus Curiial abolish partisanship and throttle the ignoramus and it will be accomplished.

Financial Loss from Tuberculosis.

Dollars and cents appeals to the average citizen more forcibly than almost any other factor, and the question of money loss to the State by the presence of a preventable disease will awaken public interest quicker than an appeal to sentiment in the relief of suffering.

The Maryland State Commission on the prevention of tuberculosis has attempted to calculate this impairment to the State's finances by reason of tuberculosis, in its recent repoprt, and an editorial in the *Journal of Medicine and Science* (August, 1905) makes a resume of its findings which we copy below.

"During the year 1902-3 there were 2,509 deaths in Maryland from tuberculosis. Of these, 908 were males of working age, the average age at death being thirty-five years. The statistician estimates, after actual investigations, that the average loss by the death of a wage-earning man in Maryland is 741.-64, and that the loss to the State from being deprived of the money he would have earned, had his life been prolonged to the average limit, is $8,512.52 for each individual. The total loss from deaths due to tubereculosis is therefore over $7,000,000.

Tuberculosis causes more than 150,-000 deaths in the United States every year. These patients die at an average age of thirty-five years and their estimated afterlifetime is thirty-two years. The real loss of life measured in time is, therefore, 5,800,000 years per annum. Assuming that the value of a year of human life after the age of

thirty-five years if fifty dollars, the real loss to the nation from this one disease alone is about $240,000,000 per year.

These figures are startling, and they become even more so when we remember that consumption is a preventable disease and that at least one-half of these deaths are unnecessary."

Three Rules For Medical Experts.

Far be it from the present incumbent, by offering unsought suggestions or gratuitous critcism, to offend those who contribute to the literature of medicine. It is a fact, however, that medical writers do have faults. They are chiefly of commission, not omission. With a view of calling attention to some glaring ones, the following rules, though not entirely original in substance, are given in their terse and simple form for what they are worth:

I. Begin where your subject begins and quit where it leaves off. In other words cut out the introductions and perorations. The world is constantly suffering from the pain caused by people who will not come to the point. Avoid the statistical bureau method on the one hand and shun the exhaustive encyclopedia on the other. While running from the choppy sentences of Carlyle, see that you plunge not headlong into Macanborg's rhetorical periods.

II. Do not go back to Hippocrates and Galen. We have troubles of our own. Every paper on a special theme is not supposed to be a treatise on medical history. When this is attempted, even in part, the article is apt to be thrown away before being finished and condemned as "re-hash." There is too much doing now and we are living too fast to get it all in. If you will look up the matter you will find that somebody has already arranged and classified everything and rendered due credit to Aesculapins.

III. Remember that the harder it is for you to write, the easier it is for the reader to read. Turning it off the real or scribbling it down with facile pen sounds well, but teasing it out with a sharp dissector is necessary for its perfect digestion. Prune, polish and pickle whatever is to be read.—H. A. R.

Dr. C. F. Taylor, editor of the *Medical World,* seeing that he would not be able to go to Portland for the meeting of the American Medical Association, and incidentally the meeting of Medical Editors' Association, wrote the secretary of the latter a letter embodying his views on certain subjects. This letter failed to reach its destination in time to be used and it is published in the September issue of *The World.*

Dr. Taylor, in an introduction to his letter, deprecates the recent attack of Dr. Daniels, of the *Texas Medical Journal,* upon the *Journal of the American Medical Association,* and regards it as unfortunate that there should be friction between journals and journalists. In this we partly concur, certainty to the extent that it is unfortunate that there should be differences that cannot be adjusted amicably. The good of the profession as a whole should be paramount to personal or selfish interests, and all differences can be easily adjusted when appproached in this spirit by both parties to a controvers.

Two points in Dr. Taylor's letter we wish to note. Special stress is made on the duty of a medical journal to serve the profession. The service is different with the various classes of readers and different journals, but it should be rendered with a singleness

of purpose toward helping the profession in its daily work, and uplifting the profession in its ideals.

He calls upon medical journalists to support the movement for an organized profession. As professional anarchy is not conducive to professional development, the opposition to the organs of the national association, of the several state societies, is condemned. If these publications can serve the interests of the profession better than the independent journals they should live, but all should work together for the good of the profession.

These views of Dr. Taylor are sound and are guide posts in the policy of the journal. To serve the profession is the first object, and believing that thorough organization is conclusive, if not absolutely essential, to its fullest development it advocates systematized plans in concerted action. The profession should be unified in one solid phalanx in order to meet its obligations to the public and the responsibilities of its position. The doctor's life is one warfare. He is ever in battle with ignorance, superstition, indulence, stupidity, slovernliness, filth, impurities, disease and death. He constantly needs a moral support that can come only from a brother in arms because the situation and the burden he bears are not appreciated by an outsider. Dr. Osler, in his farewell address to the medical profession of the United States, said: "Unity promotes concord, community of interests, the same aims, the same objects, give, if anything can, a feeling of comradship, and the active cooperation of many men, while it favours friction, lessens the chances of misunderstanding and ill will."

Address delivered at the annual meeting Med. and Chir. Faculty—— at Baltimore, April 25, 1905.—*Journal American Medical Association,* Aug. 5, 1905.

Medical journals are in a position to do more toward promoting this unity of the profession than any other factor in its productions. They have done and are still doing much good work in this direction. It is through the medium of the medical press and its influence as leaders in matters pertaining to the profession's welfare that the work of the past has been accomplished, and on it future development is largely dependent. If the greatest good to the profession is to be accomplished there must be unity on the part of its leaders. All of the work is not by the editors of medical journals, for many of the brightest lights in the profession are engaged with pen and voice in trying to cement the profession in one harmonious brotherhood, and the need of praise due them for their efforts should not be withheld.

The change in the constitution and mode of governing the National association and with it most of the State societies, was radical and largely an innovation. While there were at the time and still exists differences of opinion as to the mode of attaining the purpose in view, there is no difference in the desire of the leaders that the profession should be benefitted and its usefulness enlarged. How best to accomplish this is the question that has been asked for many years and its answer has been attempted in the present plan of organization.

The present plan of organization is not an ideal one. It has its defects but until a better one can be instituted it behooves the medical press to support it. This support need not render one blind to its defects or debar honest criticisms in efforts to improve the system. To be effective criticism

must be fair, and without personalities. Personal abuse is not argument, neither will it convince any one that his position is wrong, and there should be no place for it in medical journalism.

Editorial Spirit of the Medical Press.

To Correctly Examine the Abdomen.

An editorial in *Medicine* (April, 1905) gives some advice on the importance of the procedure and method of examining the abdomen for disease. Less searching methods are used and more errors are committed than in chest examinations. The plan adopted is as follows:

"When the patient is first placed upon the examining table it is important that the abdomen and lower part of the chest should be bared, and the movements of the abdomen carefully noted. It should be inspected from each side, from above and from below. The excursion of the diaphragm should be noted as shown by the phrenic wave. After this thorough inspection the abdomen should be carefully palpated. This is commonly done improperly. The patient should be absolutely relaxed. The knees should be drawn up and the shoulders raised, and the patient should be made comfortable in this position. It is needless to say that the hands of the examiner should be warm. With patience and care it is surprising how much can be recognized in the abdomen—an infiltrated appendix, slight exudates, fecal masses of moderate size, and many other conditions can be appreciated in persons who are only moderately fat. Of course, in the very obese such an examination is of comparatively little value. The inspection and palpation out of the way, percussion may be used to outline the position and situation of the various organs. This should be conducted with the patient lying down and the outlines marked upon the surface of the abdomen. The patient is then placed upright, and percussion may be repeated to ascertain if there is any dispacement of the organs in the upright position.

It is not too much to say that if every abdomen in cases presenting abdominal symptoms were examined in this way, there would be fewer cases of abdominal, inflammation, cancer and other disorderes left to be diagnosticated by laboratory methods.

Authorities in Medicine.

The editor of *Medicine* (July, 1905), notes the difference in authors as authorities in law and medicine. Supreme court decisions in law are authority and are binding. In medicine we have no authority in this sense. Certain writers command confidence by reason of their learning and position, but none are authority in the legal sense as before courts of law. Standard medical dictionaries and works on anatomy are the only exceptions. It is safe to remember this if asked by a court if a certain work is an authority in medicine.

Bromides in Epilepsy.

W. P. Spatling, under the heading of "The passing of bromism in epilepsy" (Editorial Dept. *N. Y. and Phila. Med. Journal*, Aug. 19, 1905) says the bromides have not raised the cures of epilepsy one point in the fifty-seven years of their use, and there is strong

evidence of heavy doses being discontinued. They are capable of doing more harm than good, as they are ordinarily administered, the dose being too large. Not more than fifty or sixty per cent of cases need bromide, and these only for suppression of attacks while other remedies are used. The decreased use of the drug is brought about by. (a) the recognition of the necessity for treating the patient instead of a single symptom; (b) the use of depressants that posess the virtues of the bromides without their faults, the giving of a diet poor in chloride of sodium in combination with the bromide, whereby less of the drug is needed. The more completely we can get away from the idea that epilepsy is simply a convulsion and nothing more, a disease with one fixed symptom to be cures by one drug, the more gratifying will be the rate of recoveries.

Athletics and Health.

Lydston writes an editorial for the *New York and Philadelphia Medical Journal* (Aug. 12, 1905) on the effect of athelics on health, in which he condems the expensive physical training of the present day. Phenominal physical development is incompatiable with extraordinary mental development and the reverse is true—large intellect is not noted great muscular development and endurance. Extra development of either brain or muscle is at the expense of the other and there is a loss of balance between the two. Leaving out the genius, the man of normal symetrical development is capable of the best intellectual endeavour. For the average business man it is unwise to attempt more than a fair degree of muscular development and strength, the large muscles, heart and lung capacity of the laboring man are detrimental to the man of sedintary habits.

The athlete's acquiring of his powers is irregular, not moderate and continuous as is the laboring man's. The balance of his time is devoted to intellectual persuits involving the expenditure of nerve force, and these conditions are not favorable for the development of an enduring physique. To the man desiring to place himself in perfect athletic condition, Lydston would give Puck's advice to persons contemplating matrimony—"Don't!"

Temperance Reform.

An editorial in the *Journal of Medicine and Science* deals with several factors in the reform movement of alcoholic excess, and notes specially the influence of great corporations insisting upon employees being strictly sober, often on total abstinence. The business world is waking up to the fact that a brain beclouded with alcohol, or muscles relaxed by its use cannot accomplish satisfactory work, and its action is bearing fruit in a tendency towards a sober working class.

We might add that the same course in regard to the use of the cigarette in boys is adopted by many employers, and its further extension is extremely desirable.

Insane Boards and Corporations.

In the *Journal American Medical Association* (July 15th, 1905) the editor alluded to the examining of individuals as to their sanity, when their acts are not in accordance with established ideas of mental equilibrium, and treats the suggestion of Homer Folks, secretary of State Charity Association of New York, that some boards and corporations, that mismanaged corporations, hospitals, charities and other

phylanthropic matters might need a like course. Individual officers cannot, in many cases, be made responsible, and these boards should be declared irresponsible and their functions suspended.

To Secure Attendance.

Like many other county medical societies the organization of the profession in Wayne county experiences difficulty in securing a good attendance. At a recent meeting of the society Dr. J. T. Ginn was apppointed a committee of one to secure and have well barbecued, sufficient pigs of the right size and degree of adipose tissue for the occasion of the next quarterly meeting of the society. To the partaking of these each member has the privilege of inviting a guest of either sex.

The genial president, Dr. J. F. Miller, gave to the committee special instructions that Will Artis should be employed to do the barbecueing, and that plenty of red pepper must be used on the occasion.

Guess there will be a full attendance.

Nursing in Schools.

The *Cleveland Medical Journal* for September notices editorially the good that was accomplished in Cleveland by having trained nurses to visit and treat the pupils during the last month of the school year. Among the advantages enumerated is that the children get treatment for many minor skin affections that are comuicable and would not be properly treated at home, and the child is not deprived of school. The nurse also made many visits to the homes of sick children and gave some instructions in the minor points of hygiene. On the whole the work is commended.

Selections From Our Exchanges.

Can Doctors Know Too Much?

It is rather startling to find in a medical journal of the character of the *Post Graduate* what practically amounts to the statement that a doctor may have too much professional knowledge for the good of his patients. Yet the *Post-Graduate* does say something very much like that and certainly conveying the implication. First we are told that it is not always the man who was "a dig" at the medical school who carries into the sick room "the bearing of cheer and of hopefulness that is half the duty of the doctor." That is not without its slightly surprising frankness of admission as to what it is of which the successful practice of medicine largely consists, but the following is the real object of our wonder: "Some of the most successful physicians of our acquaintance have remarkably good results because they are not quite good enough students to comprehend the seriousness of a case fully enough to carry into the sick room a face indicating such doubt that the patient accepts the suggestion and promptly succumbs." That is a pretty hard sentence to read, and not a very easy one to understand, but by doing the work the writer ought to have done before he sent it to the printer one can get at its meaning, or at least a meaning—that the doctor incompetent to appreciate the real seriousness of his patient's condition can sometimes inspire a vitalizing confidence which a wiser practitioner would be obliged to withhold, thus depriving the patient of his

one chance of recovery. The first thought is that the better informed doctor could and would manifest or express a hope he did not feel, but his "suggestion," lacking sincerity, would probably or possibly also lack something of efficacy. Of course, these confessions, coming from such a source, will be received with glad cries by all the cranks and quacks and swindlers who are exploiting the white and black magics of suggestion under half a hundred names, and in discussing them with their dupes they will have many happy and profitable moments, but for some time past the real doctors have been coming to a conscious understanding of the mysterious psychical power they have all always exercised to a greater or less degree, and now they are not afraid to admit that they do exactly what the humbugging "healers" do since they can also claim with truth that they do it intelligently instead of blindly, and that they do much besides. —*New York Times*, August, 18, 1905.

A National Examining and Licensing Board.

The examination and licensing of graduates in medicine should be conducted in the United States, as they are in England and Germany, by a general or national examining board, meeting in various parts of the country,say four times ayear. In this manner all the unpleasantness connected with the State Boards of Medical Examiners in Medicine, Dentistry and Pharmacy would be prevented and fair, honest examination would be vouchsafed every candidate.

It does seem a hardship that a medical man who is at the head of his profession, for instance, in New York, Chicago, Philadelphia, or elsewhere, and a graduate of twenty or more years, must undergo an examination when he comes to California similar to that taken by a man just out of college. It does seem a hardship that a medical man in the army or in the navy, who has attained the highest rank in his profession, should be obliged to undergo a special State examination before he is permitted to practice his profession after his retirement from the national service. These matters could all be regulated by a National Board.

In Great Britain when a man passes his examinations before the Royal Colleges in London, Edinburgh or Dublin, he is entitled to practice in any part of that country. In Germny, when a man passes his State examination at Berlin, he is privileged to practice in any State in the Empire.

This would in no wise interfere with State rights in America, as it would be eminently fair and we believe just to each State in the Union.—*Pacific Medical Journal Editorial.*

The Value of Lemons.

Most people know that for cleaning brass trays, ornaments, etc., nothing is better than lemon juice; but this is only one of the many ways in which this fruit may be used.

Half a teasppoonful of juice squeezed into a glass of lukewarm water with which you wash your teeth gives a delightful feeling of cleanliness to the mouth. Rince it afterward with water.

Any peel not needed for immediate use should be slowly dried in the oven, and stored in a tin for flavoring. A little of this dried peel cooked in an apple pie, or with apple sauce, gives the fruit a delicious flavor.

Just a squeeze of lemon juice added to sauces, soups, gravies, or stews, after cooking, brings out the flavor wonderfully, and is a great improvement.

For a cough a baked lemon is an excellent remedy. Put it into a moderate oven, and let it remain till soft. Mix together an equal quantity of honey and the juice of the baked lemon, and take a teaspoonful, which should be warm, when the cough is troublesome.

If you want your hair to look soft and glossy after washing, use lemon instead of soap. You may either rub the lemon itself on the head or squeeze the juice from it. First dampen the head all over with warm water, then rub the lemon well into the roots of the hair, and rinse thoroughly in warm water. Boil a pint of bran in a gallon of water, for the actual washing, strain, and add a little borax in the rinsing water.

A lemon bath is a luxury. For this, two or three lemons are sliced into the bath water half an hour before it is required. The sense of freshness and cleanliness it gives, and the suppleness and smoothness it imparts to the skin, are not soon to be forgotten.

Lemons rubbed on the hands remove stains, and help to keep them soft and white. It is good for the face, too, if mixed with an equal quantity of rose or elder flower water.—*M. H Tuxford, in Practical Medicine, Delhi, India.*

Treatment of Piles by Indian Quacks.

In India, where there is no law to prevent any one from practising medicine, quacks are very common. Some of them profess to cure piles without any operation. They travel from one place to another, advertising to remove piles without the use of knife or any other surgical operation. The general public lean strongly to such an alluring advertisement and the sufferers from piles flock to them in large numbers. The method of these charlatans lies in applying caustic pastes, made up principally of arsenic. These, when applied to piles, cause very often excruciating pain and frequently stoppage of urine. Every one of us must have encountered such cases, being called upon to relieve the pain and take out urine, for which the so- called pile specialists can do nothing. The writer has seen many cases treated by these quacks with the caustic pastes. There is no doubt that sometimes patients are cured, but this method is very painful and recurrpence of the disease is very common and rapid.—*Practical Medicine,* Delhi, India.

Operations for Appendicitis.

Bruce has given his conclusions in regard to opeprative measures in appendicitis, based on four hundred operations (Can. Pract. and Rev., Aug., 1905). He first gives the symptpms of appendicitis as follows:

I. Pain in the abdomen occurring suddenly and usually of a colicky character in a patient in ordinary health.

II. Nausea or vomiting within a few hours.

III. General abdominal tenderness most marked on the right side.

IV. Elevation of temperature; this, however, usually does not occur for some hours or it may not be elevated for twenty-four hours. The symptoms will occur in the above order, and a diagnosis in the vast majority of cases should not be difficult.

In a few hours pain becomes localized in the region of the appendix and rigidity of the rectus muscle is present. Pain is the most important symptom, the more severe the more serious the lesion, usually subsiding gradually, but of serious import when ceasing suddenly within 36 hours. Temperature

and condition of pulse are unsafe guides. The best time and operation is within the first 24 hours. Suppuration and infection are contra indications for an operation with some surgeons, but it is wise to make a limited operation, opening the abdomen, letting out pus and removing the appendix, if it be accessable, and drainage. In perferation and diffuse purulent peritonitis, operate and flush out with normal saline solution if much pus without lymph or limiting adhesions. If pus is walled off simply cleanse with sponge or gauze and drain, or if there is much suffering and constitutional depression open and drain without washing out the cavity.

"To sum up then, I have arrived at

I. In every case of acute appendicitis it is the duty of the physician who first sees the case to ask for a consultation with a surgeon. The responsibility of saying when the operation should be done should rest with the surgeon.

II. Until a positive diagnosis is made and the surgeon sees the case, opium should not be given for the relief of pain.

III. If a surgeon can be had at the beginning of the attack so much the better for the patient, and the operation should be done then. In other words, I very strongly advise in all cases of acute appendicitis immediate operation as soon as the diagnosis is made, unless there is some complication contra indicating it.

IV. That in the event of not being able to secure a competent surgeon the patient should be treated by exclusive rectal alimentation. The stomach should first be washed out so as to remove all decomposing matter, then absolutely nothing should be given by the mouth. From one-half to one ounce some concentrated pre-digested meat extracts, with six ounces of salt solution every four hours, given by the bowl. An ice bag or leaches applied over the appendix to relieve the pain.

This treatment can also be given in cases where the patient is too ill to give any promise of relief by operation.

V. While making a diagnosis and after it is made, until a surgeon can be had, exclusive rectal feeding should be resorted to.

After the operation, in all these acute cases, I am in the habit of using exclusive rectal feeding for at least two days and often for a longer period. In most cases only normal saline is used, but if the patient is very exhausted, feeding with meat extract added to the saline is used. The patient will complain very little of thirst after the first twenty-four hours."

Pneumonia in the Young.

(*Jour. A. M. A.*)

Wells states that during early childhood pneumonia is encountered oftener than at any other period; from 10 to 30 years, much less frequently; from 30 to 50, somewhat oftener; subsequently with increasing frequency. The mortality is moderate in early childhood, least from 10 to 20, it moderately advances from 20 to 50 and rises with great rapidity after 50. He states that there are pulmonary inflammations from various bacteria, but that pneumonia is due only to the pneumococcus. That the pneumococcus is present in the upper respiratory tracts of probably 50 per cent of healthy persons. The child in whose throat the pneumococcus is present is in constant danger of an attack of pneumonia. From this it is protected by the integrity of the sensative and alert respiratory reflexes. Should these barriers

fail, as e. g., in the profound sleep which may follow exhaustion or exposure to excessive cold, etc., particles of pneumocci-laden throat secretions may be asperated into the bronchi, to finally lodge in the alveoli, with pneumonia as the result. In regeard to the diagnosis he states that while the physical signs may require extraordinary care and skill to detect their presence, and while they may be late in appearing and found in unusual localities they are present in practically all cases. He states that his experience with anti-pneumococcus serum is that it is of no value. He also strongly advises the use of the exploratory needle in cases of delayed resolution.

Tritis Tuberculosa as Diagnosed by Koch's Tuberculin.

(*Jour. A. M. A.*)

Gamble and Brown reach the folfowing conclusions in regard to the use of tuberculin as a diagnostic agent:

There is very little question as to the value and reliability of tuberculin as a diagnostic agent. Failure to obtain the reaction on one injection, however, is not conclusive, and, according to Tinker, successive doses of 3, 6 and even 9 mg. should be used before tuberculosis be considereed definitely excluded. Our own experience, however, although confined to but one case case, would lead us to recommend that the very lowest possible dose be used in view of the profound general reaction which we have seen with a 5 mg. injection. The early view that its use caused a dissemination of the tuberculous material throughout th body has been very much modified in recent years.

Tinker has used it for general diagnostic purposes in over 400 surgical cases, with no untoward results that could be directly attributed to its use. He notes that Virchow's objections were very cautionsly expressed and only once, and were based on 21 post-mortems made during the first year of the use of tuberculin when very large doses were employed. Even at that time, however, his views were opposed by Ziemssen, Gultmann and Ehrlich, Schede, Curschmann and others. As to its therapeutic value, less may rightly be said, since far too few conclusive cases have as yet been studied, the present case being but the thirty-third detailed report in the literature. Much tuberculous disease of the eye is of a chronic, non-virulent type, with sparse bacilli findings and a more or less pronounced tendency to spontaneous healing, as first pointed out by Leber (1891). Such patients can certainly be helped by tuberculin, and the series of cases contriputed by Schieck and v. Hippel in particular show that very advanced tuberculosis can be arrested, improved or entirely cured with years of subsequent immunity.

Typhoid Fever—Accidental Infection.

(*Proceedings Phila. Med. Society.*)

Gwyn reports a case of typhoid fever occurring in the practice of Dr. Musser, for whom he ordered hypodermoclysis of normal saline every 6 hours into the breasts and thighs. At first there was some reaction, as shown by the pulse. All the areas remained sore for many hours. At the end of the second day distinct soreness was present over left breast and clacicle. This soreness increased, breast became livid in color with a distinct amount of gas into tissues. Gas could also be expressed through the needle hole of the hypodermoclysis which had an odor of H. Q. S. A small amount of black fluid was also expressed, this being examined

should the presence of baccilli resembling the baccillus aerogenes capsulatus. The patient rapidly grew worse and died on the fourth day. In this case the normal salt solution was prepared by adding a concentrated salt solution to boiled water. He urges greater care and adds that we have come to regard the procedures as simple, and one that is rarely followed by bad results and in many instances little or no care is taken in the sterilization.

The Eliology Ad Elimination of Diabetes.

(*Med. Record*Q.

Curtis states that of the entire list of recognized diseases to-day, there is none whose pathognesis is so little understood as diabetes. That some believe it to be primarily a disease of the kidney and still others associate it with a diseased condition of the floor of the fourth ventrice. The majority of observers believe that it is caused by some disturbance with the secretion of the islands of Langerhans in the pancreas. He asks what is the cause of this fatal functional defect and answers, syphilis. He states that he has arrived at this conclusion after twenty years of investigation. Nothing first that interstitial gingivitis was of syphilis origin and then noting that many cases of gingivitis also suffered from diabetes, and that diabetes disappeared under appropiate anti-syphilitic treatment. He states that the most un falable method of diagnosing syphilis apart from the history is the presence of the eschar of Curtis on the surface of the gums, cheeks, tonsils and pharynx. Also the presence of the spores of syphilis in the blood. He uses for the treatment of syphilis the regular mercurial and iodide treatment and also electro-ozination upon which he seems to place a great deal of dependence.

Diagnostic Hints.

To Abort Pneumonia.

1. You must be called in the first stage, the earlier the better.

2. Apply a mustard paste to the affected side and follow this with a hot poultice, using any of the formulas having kaolin as a base.

3. Secure elimination by giving calomel in divided doses, followed by a saline.

4. Treat the fever with aconitine or veratrine, guarded if necessary by strychnine and digitalin, in solution and dosage for effect.

5. As a respiratory antiseptic, administer carbonate of creosote, one teaspoonful in hot milk four times a day to an adult.

With this plan, begun early and carried out faithfully, you can abort a large proportion of your cases of pneumonia.—J. M. French, M. D., in *Practical Medicine*, Dellie, India.

Conclusions Regarding Chronic Constipation.

Dr. J. H. Salisbury, in a very interesting paper in the August *Alkaloidal Clinic*, on the subject of Chronic Constipation, concludes as follows:

1. Constipation in many cases is due to too *complete digestion and absorption*; particularly to a want of water, or fat, and of the acid products of the fermentation of starch, and lastly to the establishment of a vicious inhibition in consequence of unhygienic habits.

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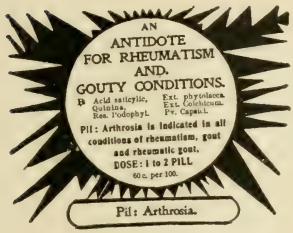

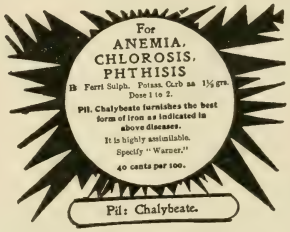

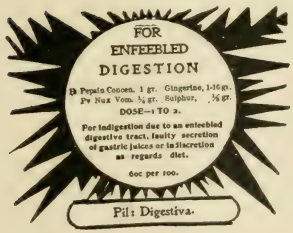
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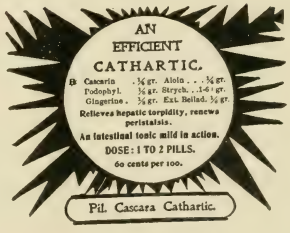
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2. *The dietetic* treatment of constipation is essentially *medicinal* since it consists in the administration of *laxative* articles of diet in *unusual* amounts.

3. Medicinal treatment should be based upon the same principle, viz., the use of small doses of laxatives in alternation.

4. The condition of the stomach may favor the too complete digestion of starch in cases where hydrochloric acid is lacking, and thus cause constipation.

5. The curative treatment of atonic constipation should be directed to *hindering the digestion of the carbohydrates,* increasing the amount of water and fat in the feces, and restoring the habit of regular bowel movement.

Surgical Suggestions.

(From American Journal of Surgery.)

Involuntary urination very often means a distended bladder, and in old men it should at once indicate an examination into the condition of the prostrate. Vomiting, too, is often caused by distention of the bladder.

In the presence of anemia or of faintness, without other apparent cause, inquire concerning the passage of black stools. The condition may result from hemorrhages due to an ulcer or neoplasm of the small intestine.

Inflamed areas and abcesses about the knees of creeping infants should be examined for foreign bodies.

An amputation for malignant ulceration should not be performed until the possibility of its being merely a broken-down gumma has been satisfactorily excluded.

Tinnitus aurium, present only in the recumbent posture, is suggestive of aneurism of one of the posterior cerebral vessels.

After circumcision it is important to prevent adhesion of the reflected mucous fold of the prepuce to the corona glandis by the daily passage of a probe about the corona, and by the use of vaseline.

Treatment of Cerebro-Spinal Meningitis.

The chief indications in treatment are to feed the patient on milk, adding brandy if necessary; the bowels should be kept free. The spasms are best treated by hypodermic injections of morphia in 3-minim doses, but they may also be controlled by a combination of bromides and chloral hydrate as follows:—

R	Potassii Bromidi ..	.. gr. 20
	Chloral Hydratis ..	.. gr. 12
	Syrupi Aurantii ..	.. min. 30
	Aq. Chloro. ..	ad .. oz. 1

Misce. Ft. Mist.

Two tablespoonfuls to be taken three times daily.

The following medicine may also be found of use in persistent cases of cerebro-spinal meningitis:—

R	Potassii Bromidi ..	.. gr. 12
	Potassii Iodidi ..	.. gr. 10
	Srrupi Aurantii ..	.. dr. ½
	Aq. Dist. ..	ad .. oz. 1

Misce. Ft. Mist.

Two tablespoonfuls to be taken three times daily after food.

Some physicians recommend the administration of potassium iodide in small or moderate doses as soon as the diagnosis of cerebro-spinal meningitis is made. This should be continued three times a day.—*The Practitioner.*

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The edible, vegetable oils are not so easily digested or oxidized as animal oils.

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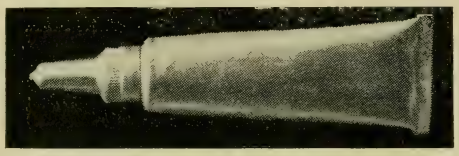

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The Rights and the Duty of Syphilitics.

Syphilis seems at present to occupy an important place in medical literature. The last communication of Prof. Fournier to the Academy of Medicine has attracted attention to the rational treatment of this disease. We are fortunately far removed from the time when a treatment lasting a few months was considered adequate; prolonged treatment is now in vogue, four years at least, as recommended by Prof. Fournier.

This prolonged treatment which has been adopted unreservedly by the medical profession has met with some resistance on the part of the public, for the lay patient cannot be continued after the manifestions of the disease have apparently disappeared. The laity must be made to understand the significance of the prolonged treatment, and this task is rendered more difficult by the fact that, having a slight knowledge of medical facts derived from encyclopoedias, treatises on family medicine, etc., they assume the right to discuss medical diagnosis and treatment.

It is now a well recognized fact that the disease is dangerous alike for patient, for society and for the propagation of the human species. It is dangerous for the individual who, deceived by the mildness of the early manifestations, becomes negligent, believing himself cured, and sometimes as long as twenty years later is affected with tabes or general paralysis. Syphilis is dangerous for society, members of which may, through no fault of theirs be accidentally infected. It is dangerous to the human species for it strikes a blow at the propogation of the race. Miscarriagees may, in many cases, be attributed to syphilis not to mention the

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CAROLINA MEDICAL JOURNAL
CHARLOTTE, N. C.

degenerates who lead a miserable existence through the fault of their progenitors.

Fournier mentions several cases of syphilitic husbands who were ashamed to be treated and, consequently infected their wives, who, as a consequence, had repeated pathological pregnancies. This might have been averted by a few months treatment and proves criminal neglect on the part of the infected husbands.

Even when a wife is infected by a syphilitic husband for whom mercurial treatment has proved ineffectual and later becomes pregnant, she may save her offspring, even in apparent hopeless cases, by the use of mercury. In 1901 Prof. Gaucher showed that threatened miscarriages may be safely carried to term and constitutionally strong chil-

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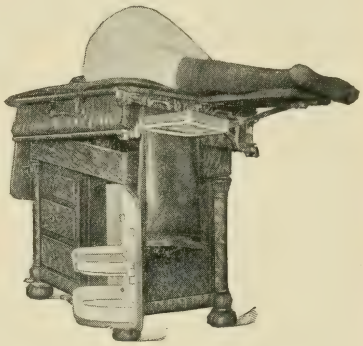

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dren be born by administering systematic specific treatment from the beginning of pregnancy and in some cases from the onset of the infection. This idea was developed by Isay in his thesis (Paris, 1903). He adopted the plan of prescribing the stronger doses in the more recent infections; this method of treatment was successful in cases formerly considereed hopepless.

How frequently does the syphilitic husband who has been subject to treatment subsequenetly infect his wife? The question is answered by Prof. Pinard, who, addressing himself to Prof. Fournier (Meeting of the Academy, March 14, 1905) said: "During 25 years I have never seen a syphilitic husband married with the consent of the family physician and especially with your consent, infect his wife." It is unnecessary to dwell upon the importance of this statement considering the large number of cases involved.

The eminent obstetrician and master of "puericulture" solicits the aid of this latter for the innocent fetus threatened with syphilis. He enjoins a supplementary prophylactic treatment for the husband, consisting in biniodide of mercury and iodide of potassium for six months, at the end of which period he is allowed to marry. On the appearance of the first signs or even suspicion of pregnancy the mother is ordered the same treatment throughout pregnancy.

The syphilitic should not only be taught the duties imposed by his peculiar position but he should also be shown how to treat the disease. We will merely mention the fact that Prof. Graucher condemns insoluble preparations, useful only in certain circum-

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stances, and recall the excellent results obtained with biniodized oil. This medication introduced into therapeutics by Prof. Panas is still in favor with the medical profession. The biniodide has all the advantages of mercurial salts, and the iodine in its composition renders it much preferable to the other preparations as a germicide, a modifier of organic poisons and toxines. The biniodized oil, also known as cypridol, may be administered hypodermically and by the mouth. The capsules each containing 2 milligrammes of biniodide is the form prepared for administration by the mouth, for they enable one to give small doses at short intervals or large doses at long intervals. Three to five a day, at meals, is the usual dose for moderately severe cases. They are well tolerated, for they pass unaltered through the stomach and are only dissolved in the intestines. They cause no salivation and are consequently one of the most convenient and effective means of administering mercury, the recognized specific for syphilis.

Appendicitis in Children.

Appendicitis is not an uncommon disease in children. It does not at first tend to be of a more serious type than in adults, but the slighter cases are often difficult to diagnose, and are therefore apt to be overlooked. The author would urge a closer attention to recurrent attacks of colic, and points out the frequency with which diarrhoea and bladder irritation are associated with appendix inflammation in childhood. When several slight attacks of appendicitis have occurred, the removal of the appendix is the best and safest treatment. Where localized peritonitis is present, operation should be delayed until the quiescent period is reached,

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but pus formation must always be supected and carefully watched for during the waiting period. Should abscess formation take place, immediate operation is demanded, but undue risks should not be run in attempting the removal of a firmly adherent appendix under such circumstances. The administration of purgatives and opium is not without risk, and is, the writer considers, best avoided.—R. C. Dun (*Glasgow Medical Journal*, June, 1905).

"Normal," "Decinormal" and Physiological Salt Solution.

Confusion has arisen as to the nomenclature of saline in solutions. Frequently the term decinormal salt solution is applied to a 0.6 solution of chloridee of sodium. This is an error, as a decinormal solution contains 10 per cent of the salt. This was the original name of the solution as applied by chemists, but of late they have usud merely the term normal salt solution, meaning by that one of 10 per cent strength. That which is employed for irrigation, injection into the blood, and for colonic flushing by medical men, which corresponds approximately to the specific gravity of the blood, contains from 0.6 to 0.7 per cent of chloride of sodium. This weaker solution used for medical purposes should be termed physiologic salt solution to distinguish it from the stronger solutions employed by pharmacists and chemists.—*Clycel Med.*

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Acute Rheumatism.

The following combination, according to Peabody, is of value in the treatment of acute rheumatism:

Take Acidi salicyhci.....1-2 oz.
Ferri pyrophos.....1 dr.
Sodii phosphatis.....10 dr.
Ap .....4 oz.

M. Sig. One tablespoonful every two hours well diluted in water—*The Prescription.*

Nymphomania.

Search carefully for local cause, such as vaginitis, vegetations, vulvitis, eczema, syphilis, herpes. Investigate especially as to diabetes.

Where a nervous disorder is suspected, bromides in medium doses are beneficial, and when associated with opipum combat effectively the exaltation of venereal appetite. Camphor may be added if necessary.

Wheen insomia co-exists chloral may be given at night.

Local applications are useful, cocaine in lotion having preference. Hydrotherapy is indicated in all cases; cold applications to the spine are beneficial, especially if made at bedtime.—*Lutaud, Medical Mirror.*

General Rules for Dyspeptics.

The following general rules are applicable to all cases of dyspepsia and indigestion:

1. Eat slow and masticate thoroughly.
2. Drink fluid an hour before or two or three hours after meals, rather than with food.
3. Eat at regular hours.
4. If greatly fatigued, lie down and rest quietly before and after luncheon and dinner or supper.

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5. Avoid as far as possible taking business worries or professional cares to the table.

6. Take systematic exercise in the open air. Bicycle and horseback riding are the best forms.

7. On rising, cold sponging and vigorous friction of the body is advisable.

8. The bowels should be kept open by laxative foods and fluids rather than by medicines.

9. Avoid too much variety at any one meal. Take meats and vegetables at separate meals..—Thompson's Dietetics.

Most doctors know all these things, but all doctors forget to tell their dyspeptic patients all of them. It would be a good plan to have a number of slips printed so that they can be handed to the patient, or wrap up with the medicine.—*Medical World.*

In Acute Rheumatism and Mild Febrile Affections with Harsh, Dry, Skin.

R Pulv. Antimonial Comp. gr. iij·
Hydrarg. Subchlor., gr. ss.
Ext. Hyoscyami, gr. iss. M.
Ft. Pil.
Sig· Take every three hours.

Rheumatism.

R. Sodii Salicylatis, 4 scr.
Ext. cascarae sagradae, fl.
Ext. glycyrrhizae, fl. aa 1 dr.
Aquae, q· s., ad. 4 oz. M.
Sig. 1-2 oz., q. i. d.

—*Central States Med. Magazine.*

Diet in Dyspepsia.

Dujardin-Beaumetz divided dyspepsia into three classes, and regulates their diet accordingly as follows:

1. Dyspepsia with abndant gastric juice: *Diet,* fresh vegetables, fruits,

farinaceous food, milk, no meat or wine.

2. Dyspesia with deficient gastric juice: *Diet,* meat, broths, milk, peptonized food, weak brandy and water. No vegetables or saccharin food.

3. Dyspepsia with sympathetic affections, especially vertigo: *Diet,* purely vegetable food.—*Med. World.*

For Acute Rheumatic Pericarditis.

R. Potass bromid.
Sodii salicylat., aa 6 drs.
Tinct. colch. rad., 1 dr.
Tinc. aconit., gtt vj.
Aquae menth. pip., 6 oz. M.

Sig. Dessert spoonful every six hours.—*Exchange.*

BOOK REVIEWS.

Lea's Series of Medical Epitomes. Edited by Victor C. Pedersen, M. D. Dayton's Epitome of the Practice of Medicine. A Manual for Students and Practitioners. By Hughes Dayton, M. D., Principal to the Class in Medicine, New York Hospital, Out-Patient Department; Clinical Assistant in Medicine, Vanderbilt Clinic, College of Physicians and Surgeons, Columbia University. In one 12mo volume of 324 pages. Cloth, $1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1905.

Without pretending to usurp the field of the larger treatises, the series of Epitomes, of which the above named is the most recently issued, has proven to be exceedingly useful to the student as a means of refreshing his recollection in regard to essentials. The new volume is a wonderfully comprehensive little manual, giving under each named disease—definition, etiology, pathology, symptoms, complications, diagnosis, prognosis and treatment. It is especially worthy of remark that treatment is not merely suggested, but the doses of the indicated drugs are invariably given, together with the special symptoms, which call for a change from routine therapeusis. The subject of Immunity has been succinctly treated with the assistance of Dr. T. Mitchell Prudden. There is an astonishing amount of accurate information in these pages.

Hall's Physiology. A Text Book of Physiology, Normal and Pathological. For students and Practitioners of Medicine. By Winfield S. Hall, Ph.D., M. D., (Leipzig). Professor of Physiology, Northwestern University Medical School, Chicago; Member of the American Physiological Socieety; Member of American Association for the Advancement of Science, etc. New (2d) edition, revised and eenlarged. In one octavo volume of 795 pages, with 339 engravings and three full-page colored plates. Cloth, $4.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

It is rare that an author gives evidence of being the most critical student of his own book. Dr. Hall has exhibited this power of detachment and has put himself in the place of his various classes of readers, namely, teachers, students, and last, but by no means least, physicians. Accordingly he has greatly simplified his whole presentation of the subject, while of course revising it to date. A new departure which should appeal to the physician (and equally also to the teacher and student) is the increased attention giv-

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en to the applications of Physiology to clinical medicine. The volume is now one which the student will carry into practice, and also one which the physician will buy when he wishes to post himself on the physiology of disease as well as of health. To quote from the preface:

"The most notable additions to the work are the sub-chapters on Pathologic Physiology. It is becoming apparent to medical educators that to master normal physiology alone without applying its laws to the symptomatology of disease is to miss a large part of the service which physiology should render, just as the mastery of structural or morphologic pathology without an understanding of the modification which structural changes induce in the functions, implies the loss of a large papt of the advantage which the study of pathology should give to the student and practitioner of medicine. The author has attempted to cover this most important field."

The revision and improvements have required an increase of one hundred and thirty pages, but the previous very moderate price, four dollars, has been maintained. The work is a handsomely illustrated volume of 800 pages.

THE PRINCIPLES OF THEORETICAL CHEMISTRY WITH ESPECIAL REFERENCE TO THE CONSTITUTION OF CHEMICAL COMPOUNDS, by IRA REMSEN, Professor of Chemistry in the Johns Hopkins University. Fifth edition. Lea Brothers & Co., Philadelphia and New York.

This object of the author in prearing his book was to help students to get clear ideas in regard to the foun-

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dations of chemistry, hence the fifth editions of the book, thoroughly revised, is as were the preceding editions, a brief treatise on those facts and speculations that have to deal especially with the problem of the constitution of chemical compounds. In revising the work for this edition all changes required by the advance of science have been made, and the work is fully abreast the times.

The Treatment of Fevers.

By Wm. F. Waugh, A. M., M. D.,—Emeritus Professor of Practice and Clinical Medicine, Illinois Medical College.

Progress is never uniform, never general. It goes by leaps and bounds, advancing and receding, winning a foothold here and slipping back there. And when a permanent advance has been won at any point, it may be a long period before the contiguous territory ceases to be hostile land, in which it has merely established an outpost.

Pathology says: "What do you know as to the effects of drugs on the morbid conditions of the tissues?" And while waiting the answer to this question we have settled down in the treatment of fevers into an expectancy as vicious as it is impotent for good. Why under Heaven these patient expectors, who sit still and let the disease run riot through the patient's body, should expect to be employed or paid, is one of the things no man has ever yet been able to explain satisfactorily—to the patient at least. "If I must suffer the pangs of disease, why should I pay anyone for simply acting as a spectator?"

The doctrine I present to you to-day contemplates a different attitude of physician, and one more in accordance with the views of his employer. He is

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to actively intervene in the case, every moment of its existence, from the time the first micro-organism lit on the patient's tonsil until he is restored to his place in society.

The connection of tonsillar inflammations with rheumatism has been abundantly shown, and this has opened our eyes to the fact that a similar connection exists with other infectious maladies.

The chlorides have long been noted as effective remedies for the throat, and the domestic gargle of salt water does not merit contempt. Possible none is more efficient than chlorine water.

Suppose the microbes have gotten past the door and effected a lodgment in the body. Then we have the period of incubation. During this, what is going on? The invaders are gathering their forces, multiplying, so that in a given time they may make their grand assault upon the vital forces. In the original settlements made by them there is a scene of the most intense activity.

But what are we doing in the meantime? Nothing. We are waiting. We are powerless as ever when the grand attack is delivered, and still have to

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maintain our pose of observation.

If the microbes are few in numbers during the incubative period, if they are not yet ready to deliver their blow, it seems the part of wisdom to choose this time to strike them, when they are weakest.

There are two remedies that have been proposed for this puprpose. One is echinacea angustifolia. This has been tried by many physicians in the whole range of infectious maladies, and it is confidently asserted that it is a systemic or hematic disinfectant, combating the specific causes of these maladies of eyerv sort. In health it seems to have little, if any, effect.

The other remedy is sulphydric acid, in the form of calcium and arsenic sulphides. Either of these is to be given in small and rapidly repeated doses until the body is saturated with the drug, as shown by the odor of the acid on the breath and the skin.

The theory of its action is simple enough—the existence of any pathogenic microorganism in the body saturated with the sulphides is impossible. Keep up this saturation for a week, and no living bacteria can be found. It matteres not what may be the organism, all fall before this potent destroyer.

Let me add that in spite of the bad name given it by the older physiologists, theere is absolutely no danger in this medication, and no harm accruing to the user. Calcium sulphide has been administered to adults with gonorrhea up to 40 or 50 grains a day with only good results, and to infants with diptheria in doses of gr. 2 every hour, with like safety.

These methods are at your service, if you desire to try them. It is certain that many physicians in activepractice are using them every day, and are enthusiastic in their praise. Moreover, it is stated as a fact that no mosquito, flea, bedbug, louse, chigger, redbug, or other insect parasite, will bite a person saturated with calcium sulphide.

The next point is intestinal sepsis. This is a matter deserving grave consideration. The contents of the bowels are within the bounds of his body, and yet not in it, in so far as that they are outside the influence of its vital forces. They consist of highly fermentable material, with the requisite heat and moisture, and the constant addition of fresh material to keep up fermentive processes. The safety of the body lies in two factors: The constant movement forward and dejection of these matters, and the disinfecting action of the various digestant fluids, especially the bile.

That the first of these is uncertain requires no proof. What possibilities in the way of decomposition and autotoxemia exist here. The practice of beginning the treatment of every case by completely emptying the alimentary canal, is one strictly in accordance with modern science, and supported by

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It is evident that in every fever a certain proportion of the symptoms is attributed to the decomposition of the contents of the bowels and the absorption of the toxic substances thereby formed. The use of intestinal antiseptics is therefore to be considered a

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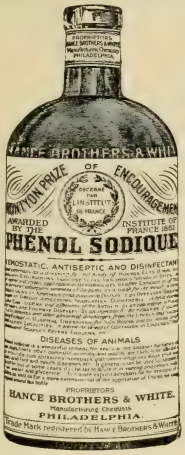

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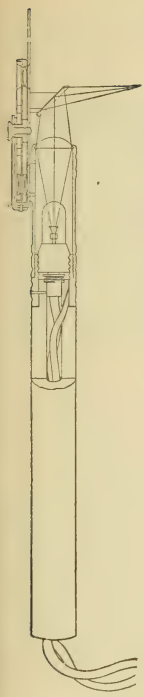

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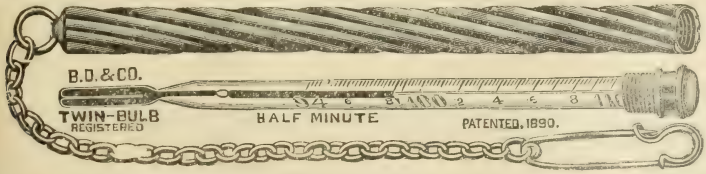

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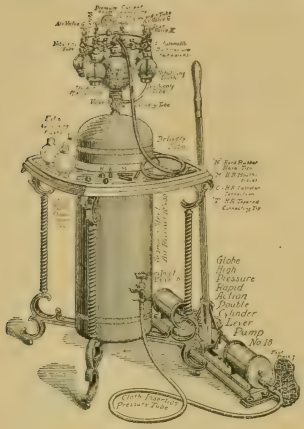

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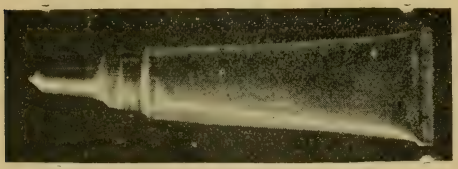

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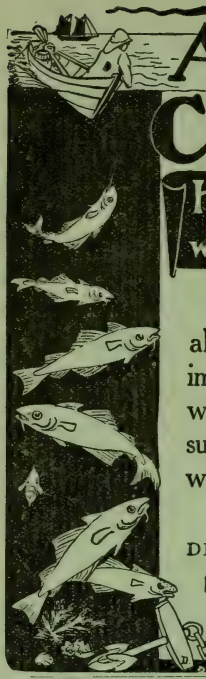

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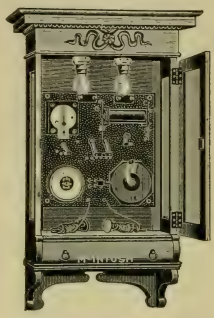

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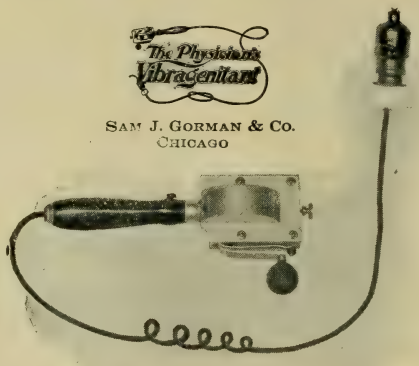

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ORIGINAL COMMUNICATIONS.

The Treatment of Neurasthenia.

(By J. Allison Hodges, M. D., Richmond, Va., President and Professor of Nervous and Mental Diseases University College of Medicine.)

The treatment of neurasthenia calls as much for the exercise of judgment and knowledge of human nature as for the intelligent administration of medicine. Each case is a study in itself. In considering the proper treatment for individual cases, it appears to me to be necessary to keep well in mind the three following propositions; First, that there is per se, such a thing as nervous weakness; second, that the nervous system is pre-eminent among the tissues of the body in that it not only influences every other tissue, but is also itself in turn, influenced by them, and third, that there are well recognized pathological conditions that will cause neurasthenia. In other words, there are at least three forms of neurasthenia—simple, reflex and the so-called lithaemic, and according as the particular form is present in any given case, so must the treatment be.

It is not surprising that the symptoms of many cases of neurasthenia have been considered to be due to hysteria or hypochondria and have been treated accordingly; but this has been as much a medical mistake as has been the wholesale contempt in which functional diseases of the nervous system have been usually held, simply because they were not accompanied by the more expressive phenomena of the disease such as pain, loss of consciousness, etc.

It is true that a hysterical, hypochondrical or neurotic individual may be afflicted with a genuine neaurasthenia, and it sometimes becomes a preplexing problem to determine the relative pro-

Read before the Richmond Academy of Medicine and Surgery, 1905.

portion causatively of the predisposing neuroses and the true neurasthenia. Happily, however, the treatment of the one is usually efficacious with the other. The treatment, then, will vary according as the case is classified definitely under simple, reflex or lithaemic.

SIMPLE NEURASTHENIA TREATMENT.

This form may not relatively be so numerous as some may claim, but still it does exist and calls for our best efforts and greatest skill in treatment. As weakness, either physical, mental or both, is the earmark of this disease, so must its prevention be the key note of treatment. To accomplish this, the conjoint restriction of the expenditure of energy according to the needs of the case, and the restoration of the impaired functions of the nervous system are imperative. This is easier said than done. Its proper application calls for much experience and nicely balanced powers of clinical perception.

This plan of treatment, summarily stated, implies rest, either absolute or modified, and nourishment either forced or moderate.

My mistakes in the past serve now for my guidance, and between these extremes I at present stand for far less heroic methods than are usually advocated in the treatment of neurasthenia. Instead of universally applying the rest cure treatment in all cases, I now most frequently employ a scheme of graduated work for these cases, and especially do I wish to strongly protest against prolonged absolute rest in the treatment of all cases of simple neurasthenia. Fatigue, for which it is supposed to be the inexorable antidote, is not, always resultantly from the same causes. Likewise, rest for one patient is not rest for another; and while to some relaxation may be synonymous with rest, still to others diversion is rest.

Hence, the universal application of the rigid and routine "rest-cure" treatment is not wise and is frequently not warranted by existing conditions. In my judgment, its absolute enforcement by rule and by precedent often proves a hindrance to the patient's improvement, and for this reason I protest against its wholesale application. In order to judge of its utility, the physician must consider this important point, that is, whether the state of exhaustion present is due to worry or overwork. I do not believe that sufficient stress has been given to this point, nor do I believe that sufficient stress has been laid upon the necessity of considering "worry" as one of the independent etiological factors of this disease.

Worry and overwork, I admit, are twin sisters, and often so closely allied that it is often almost impossible to disassociate the two, but there is a difference. Either may be a cause or a sequence, and besides, a sense of fatigue often not distinguishable from the muscular or mental fatigue resulting from overwork, accompanies worry. Of the two, considered as etiological factors, I believe that overwork is a more frequent factor than worry in bringing on neaurasthenia; but it is another fact which must be reckoned with, that overwork is almost invariably accompanied by some mental fault, such as worry. The important difference between the two, however, as regards the point we are now considering, the treatment of simple neurasthenia, is this: that the fatigue resulting from overwork is usually more transitory and responds more readily to proper and reasonable rest, while that which follows worry is more prolonged and

persistent and does not yield in the same degree to physiological rest.

If these facts be admitted, then the line of treatment regarding the quantity and quality of rest to be given an individual patient is obvious, for physical rest is not necessarily mental rest. In brief, it is necessary to study the every day life of each patient and to modify this part of the treatment according to individual necessities and requirements.

The employer may suffer from both overwork and worry, but the employee, as a rule, is more liable from the nature of the case, to suffer from the latter. Consequently, the daily life of the individual in question must be considered and the routine life of the patient must be radically changed, all faults corrected and as far as possible, right living suited to individual needs, insisted upon. Rest, proportionately relative to the cause of the condition and the temperament of the individual, is to be prescribed, and thus limited, is one of the best remedial agents known. The old worries and irritations especially must be eliminated as far as possible, if the best results possible are to be expected or obtained. From the beginning of treatment the patient should be interested, for if he is not, his nervous energies turned in upon themselves, are apt to create the habit of introspection and, consequently, depression and mental confusion.

The neurasthenic should be lifted up and out of his tangle of nervous symptoms at first by encouragement and diversion; then by encouragement and physical exercise after a proper time and later, by encouragement and graduated work. In short, the habit of self-forgetfulness through the agency of some occupation, must displace the habit of introspection, and this can not be done by substituting some such abnormality, for example, as unduly prolonged rest or some other such hard and fast procedure in lieu of the conditions hitherto prevailing in the patient's normal life. To do this latter is to add fuel to the flames in many cases, and to make a bad matter worse.

It is for these reasons that I protest against the almost universal routine practice of instituting absolute rest cure in the treatment of all neurasthenic cases. In the last five years, I have had the necessity to use with benefit the prolonged rest cure in but three cases, whereas before that time, following precedent, I thought it was indicated in every case.

I prefer now, after having decided the points referred to above, to begin the treatment of simple neurasthenia by a short period of rest in bed under the usual rest cure conditions, and when without the knowledge of the patient but with the co-operation of the attendant nurse, each day seek to interest and draw out the dormant energies of the patient in some new direction, he remaining passive until he become strong enough eventually, to take the initiative himself. This method of treatment, of which it is impossible to speak minutely in this brief paper, requires judgment on the part of the physician and especial skill on the part of the nurse; and while reorganizing and stimulating the life of the patient, will substantially and speedily improve the condition without undue tax on the physician, nurse or patient. Physical work thus becomes hygienic, both mentally and physically, and in the interest and self-forgetfulness created by this new life, the need of prolonged rest is lost sight of and the results speak for themselves.

As adjuvants to this line of treatment, mechanical measures as well as tonic medication are, of course, utilized to the greatest advantage. Therapeutic baths, massage, electricity, vibration, forced feeding, graduated exercise, etc., all have their appointed places as needful utilities, but there should be a well considered use of each before its application. Massage, for instance, unless properly advised and executed, is often a harmful procedure in this class of cases. The same may be said of other remedical agents.

TREATMENT OF THE REFLEX FORM.

To successfully treat reflex neurasthenia is to treat the causes of the same, which are apt to be found in some of the non-nervous organs, either the kidneys, nasopharynx, the eyes, the heart, the liver, the intestines, the genitalia, and in such vicious habits as masturbation, alcoholism, morphinism and cocainism.

The coincidence of neurasthenia with the beginning of one of these lesions must always be carefully considered and correctly estimated accordingly in the treatment. It is also true, however, that occasionally, the neurasthenic may be relieved by appropriate general treatment while the reflex irritant may remain. This fact is encouraging, but its rarity of realization is disappointing.

TREATMENT OF LITHAEMIC FORM.

According to my experiences, Gray's method of dividing these cases for treatment into sthenic and asthenic types is the most feasible plan. At best, the treatment pursued must be, in a measure, tentative and expectant, for no absolute method applicant to all cases of this form can be outlined.

The sthenic cases may be submitted to one or other of the following forms of treatment, usually in the order named: alkaline, acid, antiseptic, dietetic or hygienic, either one or more separately or combined.

The asthenic cases require, in brief, a preservation of initial strength, a restriction of expenditure of energy, and a continuously progressive method of muscle and nerve force up-building.

A Case of Uncinariasis.

(By Alice Elizabeth Johnson, M. D., Southern Pines, N. C.)

Patient, G. M. C., male, white, 12 years old. He is one of six children, all living and none of them well. Has been undersize, pale and not very strong all his life, but has been worse for two years. For three months he has had oedema about the neck and upper part of chest, and at times has had great dyspnoea. His appetite is good, and diet has consisted mainly of salt pork with a limited supply of vegetables. He is too weak to do his part of the work about the farm and lies down during a large part of the day. Has no abdominal pain, bowels are regular, stools usually very dark, eyes are very weak, sleeps well, is dizzy and has a good deal of headache, goes barefooted and has had repeated, severe attacks of grounditch.

Examination. Patient extremely pale; mucous membranes blanched; tongue coated; no oedema present at the time; muscles poorly developed; lungs normal; heart rapid, with a marked haemic murmur; no appreciable enlargement of spleen or liver; abdomen slightly distended and tympanitic; urine normal; haemaglobin, 20 per cent; eye ground pale but otherwise normal.

I suspected uncinariasis and asked the patient to bring me a sample of feces. In the meantime I gave Bashom's Iron Mixture and, simply as an

intestinal antiseptic, Thymol, 2 grs. three times a day, and ordered a liberal diet. He lived six miles in the country, and that being the farmers' busy season, I heard no more from him for two weeks. His father came for more medicine and reported the boy as doing well, the oedema having entirely disappeared, but he did not bring the feces.

I discontinued the Thymol and gave Blaud's Iron Pills, 3 grs. with arsenious acid, 1-60 gr., one three times a day. A week later Blaud's Pills, 3 grs., without the arsenic was substituted and continued two weeks. Then the patient himself came in, looking and feeling perfectly well. Every symptom had disappeared and his haemaglobin was 60 per cent. His color was better, his father said, than it had ever been before.

I was tempted to let him go at this, but fortunately, and to my surprise, he had brought the much desired specimen for examination. Under the microscope the feces were found teeming with the ova and the young of the Hook Worm. The identity of the parasites was very kindly confirmed by Dr. W. S. Rankin, of Wake Forest College.

Patient was given Thymol, 20 grs., on empty intestine, followed in two hours by another dose of 20 grs., this followed two hours later with a dose of Epsom Salt. The iron was ordered continued for a month and at the end of that time I examined an other specimen and found a very few ova. The Thymol treatment was repeated, and I believe the patient is cured. His family say he is in better health than he has ever been before. I have tried hard to learn whether any other members of this family have the disease, but with success. It is certain that none of them have had it in so advanced a degree as my patient.

One point of interest to me in this case is the marked degree of improvement in the blood condition before the parasites were removed. This, I think, is largely due to the change in diet, and I believe that much can be done for our country patients in this line. I have no doubt that this boy would have been anaemic without any worms. I feel sure, also that in the past many cases of uncinariasis have been dismissed as cured without the real troubles ever having been touched, just because the iron treatment alone seemed so effective.

Treatment of Catarrh Simplified.

(W. H. Wakefield, M. D., Charlotte, N. C.)

The degree of success following the efforts made by many practitioners in the treatment of nasal and pharyngeal catarrh does not increase their professional reputation or elevate the ability of the profession in the mind of the public. In fact, so unsatisfactory has been the treatment of catarrh in the hands of many practitioners that they, in dispair of relieving these patients, voice the sentiment, "Catarrh can't be cured."

A study of the methods of treatment as often carried out may throw some light on the "why" of this large percentage of failures. In the first place, the average patient who asks relief at the hands of his family doctor for his catarrh is put on treatment after a very perfunctory examination of his nasal and pharyngial cavities, or perhaps no examination whatever is made. The doctor does not acquaint himself with the exact pathological conditions before advising his patient. In many, many cases presenting symptoms of nasal or

pharyngial catarrh abnormal conditions exist that can be removed by surgical means only, and this surgery must be done before relief can be obtained. These conditions are all fully described in our text books and it will suffice our purpose to mention them since they explain many failures of treatment. Of what permanent benefit is spraying when nasal polyps are present, or when nasal passages are blocked by enlarged turbinates, deflicted septum or septal growths or spurs? Or what permanent relief can follow gargling, mopping or spraying the throat and pharynx when the tonsils are enlarged and diseased or when adenoids fill the pharyngeal vault?

To successfully treat nasal catarrh requires the exercise of common sense guided by professional knowledge. When a patient says to you, "Doctor, I can't breathe well through my nose and I take cold on the slightest exposure; something often drops in my throat and I am sick at my stomach every morning caused by a lot of nasty, tough mucous in my throat that is frequently difficult to get rid of. Sometimes it makes me so sick that I vomit in the effort to get rid of it. My appetite is poor; I suffer a good deal from headache and my digestion is not good." He may also say "sometimes I blow scales and green filthy matter from my nose or it goes back and I hawk it up." If you diagnose catarrh and prescribe without a careful inspection you may relieve him, but you probably will not. The parts should first be carefully examined—the books describe how—exclude surgical conditions, or if present, remove them; then push local treatment and such tonics the individual case may demand.

Given a case in which surgical conditions have been removed or excluded how is the patient to be treated? The first indication is to cleanse the parts and keep them clean.

Do not permit your patient to infect his stomach by swallowing quantities of germ laden, decomposing mucopus. As previously stated, the treatment indicated is to cleanse the parts and keep them clean. For this purpose some bland, alkaline antiseptic is best and I find myself relying more and more on Glyco-Thymoline, 1 part to 3, 4 or 5 parts of water, applied by means of a good atomizer, of which the De Vilbiss is the best, since the one instrument will throw a fine, medium or coarse spray of watery solutions or heavy oils. The physician should carefully instruct the patient how to thoroughly cleanse the nose and post nasal space and insist that this be done at suitable intervals, say from 2 to 6 times daily, according to the needs of the case, and he should see the patient every day or so, at first, in order to note progress and to see that the cleansing is thoroughly done. At these visits he should use the spray that the patient may learn from observation how to use it. The cleansing agent should be diluted with normal salt solution to such a degree that practically no pain accompanies its use and applied warm.

If the nose is sore and shows a disposition to bleed it is good practice to anoint it after cleaning with

℞ Hydrarg ox. flav.....grs. 2
Rub thoroughly with a few drops of sweet oil,
Sol. Adrenalin Chloride or Suprarenalin .....gtt. 20
Lanoline .....dr. 2
Make emulsion of these, then add all to
Vaselene .....dr. 6
Sig. Warm in order to soften, then

apply to mucus membrane lining the nose.

This can be done by means of the tip of a feather, or some of the salve can be placed in the nose on the tip of the little finger, the head thrown back and vigorous inhalation through the nose will draw the unguent into the cavity. For the relief of pharyngitis mop daily or three times weekly with a sol. of argenti nit. 10 to 15 grs. to the oz. of water, and use as a gargle 3 times daily the following:

℞ Fr. ferri chlor.
Potash chlorate.....aa dr. 2
Listerine ..... oz. 4

Sig.: Put 1 teaspoonful in 2 teaspoonsful of water and gargle twice at one sitting. Repeat 3 times daily.

The patient should be taught how to gargle properly or no good will result. About one teaspoonful should be taken in the mouth, and the head thrown well back and the fluid allowed to gravitate to the lowest point it can reach without swallowing. The act of gargling should then take place, ending by swallowing the fluid.

Patients suffering from nasal and pharyngial catarrh, are, as a rule, either over fed or underfed and poorly nourished. In the plethoric catarrhal patients—the one who habitually overeats and complains of indigestion—cut down the amount of food and insist on each mouthful being chewed until it is a fluid in the mouth before swallowing. Daily cool sponging is of great use in these cases, but my observation is to the effect that they must correct their habits of eating and drinking if they are to obtain more than temporary benefit from treatment. In the badly nourished, anemic patient, in addition to persistent local treatment, tonics are a necessity and, in a measure, each case is a law unto itself so far as tonics are concerned. Nourish the patient to the highest possible point, give strychnine and arsenic, if not contra indicative. Iron is also indicated in most of those cases, and the form of iron that causes the least disturbance of the stomach and meets the indications is the Peptonate of iron and manganese, marketed under the name of Pepto-Mangan (Gude). My observation has been that in anemic conditions nothing builds up the patient so rapidly as the agent just named.

Sunshine and fresh air, and fresh air plus sunshine are always a very important adjunct to any other treatment. To recapitulate: In chronic nasal and pharyngial catarrh, first make a diagnosis and remove surgical conditions.

Second, Cleanse the parts and keep them clean, using a non-irritating antiseptic of which Glyco-Thymoline is the type.

Third, In pharyngitis use argenti nitrate and also a gargle.

Fourth, Deplete the overfed and nourish the anaemic by means of proper feeling and tonics of which Pepto-Mangan (Gude) is the chief in these conditions.

Fifth, Fresh air should always be administered (in allopathic doses) mixed with sunshine.

Sixth, Use common sense all through the treatment, and vary the means to meet indications.

A memorial tablet has been placed upon a house at Greifswald where Billroth lived in his student days. The inscription is as follows: "Theodor Billroth, born at Bergen on Rugen, April 26th, 1829; died at Abbazia, February 6th, 1894. Griefswald 1848 to 1849.

SELECTED PAPERS.

Superiority of Liquid Medicines Over Alkaloids.

(By Pitts Edwin Howes, M. D., Associate Editor "The Eclectic Review," New York; Secretary Massachusetts Eclectic Medical Society; Secretary Boston District Eclectic Medical Society, etc, Boston, Mass.

Curation of disease is a problem which is constantly confronting the practitioner of medicine. Among the multitudinous duties of mankind there are none that are so complex as those which fall to the lot of the physician.

The mechanism of man is a wonderful network of complicated organs; all striving toward a common goal—the health and strength of its various tissues. While anatomy is essential to the understanding of the structure, physiology is no less important in aiding us to comprehend the action of its component parts. Physiology, then, plays a large part in the practice of the successful medical man.

It teaches us that all nutrition is supplied to the body through the medium of the blood; that this nutriment is conveyed to the blood, and the parts needing renewal, by means of endosmosis and exosmosis; that it is necessary for this nourishing pabulum to be in a liquid state before these exchanges can take place.

Experimentation has demonstrated that liquids are much more promptly absorbed than articles of a semi-fluid or more compact nature. Hence the first point of the superiority of liquids over the alkaloids is the fact that they are absorbed with greater rapidity, and thus their beneficent action is commenced more quickly.

The action of the liquids is more gentle, because, as a rule, they are less powerful than the alkaloids which are extracted by means of chemical manipulation from the various fluid preparations that yield the alkaloidal principles.

All who are familiar with the workings of nature know, and must admit, that the more gentle the process the more lasting and complete is the result obtained. The constant dripping of water, drop by drop, will wear away the hardest substance over which violent measures, though more energetic in their onset, would utterly fail.

The soothing effect of liquid medication will aid materially in producing a more lasting relief from those conditions which are the cause of the departure from the normal or healthy standard.

The liquid preparation—be it infusion, decoction, tincture or fluid extract—contains all of the plant constituents, and combines in Dame Nature's own way the various ingredients.

Plants yield their medicinal qualities to a varying proportion of water and alcohol. The practical pharmacist knows that the right proportions must be used in order to get a reliable and complete representation of the plant under treatment. Again, the plants must be used at different stages of their existence in order to obtain the most reliable results. Some must be used in the green state with all their juices; others should be partially dried and a part of their liquid substance allowed to evaporate, while still others must be in a completely dried condition.

Physicians understand very well that they get better results from the medicines of some manufacturers than they do from those of others. They do not

always stop to consider why this is so. It lies all in the process of manufacture. The practioner who uses tinctures made from fluid extracts will be very apt to lose faith in medication, because of the poor results which he, many times, obtains. He charges the fault to the medicinal agent, when, in reality, the fault lies in the method of preparation. The blame should be laid at the door of the pharmacist.

The rapidity of the absorption of fluids by the blood will prevent the cumulative action which sometimes results from the use of the alkaloids. This is a factor which should not be forgotten. Many deaths could be properly charged to this mode of action in the alkaloids.

Many times the alkaloidal principle must be placed in a fluid vehicle in order to get the best results, as, for instance, the whole method of hypodermic medication. There is no question but that the hypodermic syringe has been a blessing to mankind. But where is the practitioner who would like to treat his cases wholly with this instrument?

The alkaloids, when you have said the best you can in their favor, are, at best, only a part of the original plant. We are apt to term them the active principle of the plant. How are we to demonstrate this fact absolutely? Can it be demonstrated? I think not. Who would be rash enough to assert that all of the good of cinchona lies in the quinine, or that of nux vomica in the strychnine? And not only of these two, but also of the entire list of plants, which, by means of manipulation, can be caused to give up their alkaloidal principles.

Those who are at all famliar with the early history of the Eclectic School of Medicine know how nearly it came to shipwreck because of the wild enthusiasm over the idea of alkaloidal medication. Fortunately, the error was discovered early and the more rational and scientific method of using the entire plant was substituted.

Without doubt there are fewer therapeutic nihilists to-day among the eclectic practitioners than any other school of medicine. It is due to the fact that they use almost exclusively the liquid medicines.

I do not wish to be understood that there is no place for the alkaloids in the medical practice, for I am willing to admit that there is. I do contend, however, that that place is very much smaller than many of its champions would have us believe.

ABSTRACTS.

"The Vapor Method of Anesthesia."

(By James Taylor Gwathmey, M D., New York Medical Record, Oct. 14, 1905."

The stated meeting of the Medical Society of the county of New York was held at the Academy of Medicine on Monday, September 25th, 8:15 p. m. Dr. James T. Gwathmey read a paper on "The Vapor Method of Anesthesia." He portrayed the evolution in the administration of anesthetics from the time when chloroform was given "powerfully and speedily" and when an unmeasured quantity of ether was poured into the open cone up to the present, when each drop of these powerful

drugs is both measured and timed. Snow, Clover, Paul Bert, Junker followed in succession and assisted in eliminating the unknown and placing anesthetics on a firm and solid basis. The Marcourt Chloroform Inhaler in England, the Braun Chloroform-Ether Inhaler in Germany, and the Gigliementi Oxygen-Chloroform Inhaler in France, represent the very latest contributions towards the accurate administration of anesthetics. The objection to the English and French inhalers is that they are for chloroform alone and use closed masks with valves. The Braun Inhaler is the best, but the mask was undesirable. Dr. Gwathmey then exhibited his own inhaler, the unique features of which are that chloroform or ether can be given singly or combined in any desired proportion; the ability to increase or decrease the air or oxygen without, at the same time, increasing or decreasing the anesthetic; the mask, an anatomically correct fitting face piece, the rim of which is hollow and perforated around the inner margin to allow the vapor to escape; otherwise identical with a folding Esmarch mask. This is covered with four layes of gauze over which is placed a piece of oiled silk or rubber tissue. A small opening is out in the middle of this gaze, so that during the induction period a few drops of chloroform vapor with a minimum of one tenth per cent.

The inhaler, which is made by The Kny-Scheerer Company, consists of three ounce bottles in each of which are four tubes, varying in length from one that reaches the bottom of the bottle to one that penetrates only the stopper. These tubes represent four degrees of vapour strength, the longest with the mask just described has an estimated one per cent vapor strength; the shortest, No. 1, representing a very attenuated vapor, one-tenth per cent. As the mask is not air tight, the vapor cannot be compressed, thus avoiding the danger of an overdose. The advantages of this form of anaesthesia are:

1st. A pleasant induction stage.

2nd. Stage of excitement absent.

3rd. Pulse and respiration normal. No mucus rale or billowy breathing.

4th. Complete relaxation.

5th. Absence of unpleasant after effects on account of the attenuated vapor used.

6th. The continued use of an attennated oxygen or air and chloroform vapor known percentage, to which an attenuated ether vapor can be added or substituted, when conditions require a change.

7th. A possible change in the vapor percentage with the same flow of oxygen or air, by a change of tubes or by varying the pressure in the same tube or by a combination of the two methods.

In the discussion following, Dr. John A. Bodine urged the desirability of overcoming the element of fear. Dr. Franz Toerck expressed himself as thoroughly satisfied with the method having used it extensively. Dr. Wallace Lee said that he had often used this form of anesthesia, and had never seen a single case of nausea or any other bad after effects.

The Doctor's Accounts.

There are several things the medical man must do to put himself upon a business basis. In the first place, he must be systematic in his bookkeeping. Every night the day's work should be charged up properly on the books. If he keeps case records, this,

too, must be done daily. The temptation for the busy, tired man at night is to postpose this part to another time, but procrastination is fatal. He ought to have on his desk, directly before him, the motto: "Do it now." If he follows this sage advice, other things equal, he will be a successful man.

In the next place bills should be sent out promptly and at stated intervals. Whether a bill should be presented immediately after service rendered, or at the end of the month, or three months, are matters for individual decision. What is desired is some orderly method that will be followed out consistently.

Next, reasonable firmness should be employed in collecting. The methods to be used will be suggested by circumstances.

Perhaps it is unfortunate that financial success in medicine is not always open to the scientific man. The art of tactfulness in dealing with the patient, with the laity generally, is to be reckoned with. But in any event, the doctor's work should be carefully recorded, his accounts promptly rendered, and judicious, firm means should be exercised in obtaining what is his due.—*Providence Medical Journal.*

Small Pox and Its Treatment.

Leitch (Canada Pract. and Review, Oct. 1905), writes of this subject and his treatment may be summarised as follows: Support patient from first with liberal diet, give sudphide of calcium in 1-4 gr. doses every six hours, look well after the eyes, examine lungs for pneumonia and bronchitis, use a solution of flexible collodion on face and other exposed parts, and red shades to the windows. The sulphide of calcium is considered a specific in the disease, cutting short the attack, modifying the eruption by the prevention of pus in the vesicles, thereby preventing pitting.

Mental Defects in Children.

In the editorial department of *The Monthly Clycopedia,* for September, 1905, Martin W. Barr makes a plea for the early recognition and care of mental defects in children that is both pertinent and timely. Dr. Barr, as the chief physician to a large school for the feeble minded (Elwin, Pa.), has exceptional opportunities for the study of this class of dependents and his opinions should have respect.

The strenuous life of to-day has a tendency to breed degenerates, and idiocy, imbecility, epilepsy, sudden outbreaks of insanity are the results. The plea is that these should be recognized in their incipiency and proper care taken in the future development of the child. The degree of intelligence or in many cases the entire want of it should be recognized because of the dangers ever present of this class becoming the tool of vicious and designing persons, and proper training instituted in early life when there is a chance of controling and influencing the child before it is too late. Ignorance on the part of the parents as to the true condition or hoping against hope as to future improvement are potent factors in causing delay until the child becomes a degenerate.

The need is for better instruction of the student in colleges in training him to seek out the influences exerted, and giving him the ability to diagnose between the hopelessness of idiocy, and the possibilities of amelioration of the imbecil. Books are but poor guides to the higher study of these cases. Inturi-

tively he should recognize the difference between disease and defect—which is the difference between insanity and imbecility—and readily see the stigmata of degeneration. This is best accomplished in the study of large numbers of degenerates as in schools for this class.

The physician's duty is to have the courage to point out and reiterate the defects in the children of the families under his care. He is the mentor and guidian of their mental and physical health and is in a position to offer suggestions as to treatment and training that may prove beneficial in changing the current and destinies of their lives or by well-timed caution safe guarding from permanent misfortune.

Maternal Syphilis.

(Geo. S. Whiteside—Jour. A. M. A., Oct. 7th, 1905.)

The author defines maternal syphilis as the disease of the pregnant mother but considers also its influence on the offspring. Maternal without paternal syphilis is rare; the reverse is common. Diagnosis of syphilis in married women is surrounded with difficulties. In her consciousness of being innocent, she fails to observe many of the trifling and transient symptoms. Its diagnosis in the pregnant woman becomes double important because of its bearing upon the offspring. Its being such a widespread disease should make the physician cautious and on the lookout for it. Typical cases are easy of diagnosis, but often the first indication of it given the physician is a miscarriage, or the development of syphillis in the new born babe. It is impossible for the foetus to escape infection in citero unless the mother contracts the disease late in pregnancy. Most of them are infected by their husbands and when the physician is informed of the fact or ascertains the presence of the disease otherwise, his duty is plain to institute anti-syphilitic treatment at once. Treatment of the syphilitic infant should be vigorous from the start if it is to be saved and deformities prevented.

"To sum up this brief paper, I would say::

1. Look oftener for syphilis, as the presence of this disease will frequently explain obscure symptoms.

2. In the pregnant syphilitic woman give mercury promptly and fearlessly. Only in this way can the health of the fetus be protected from the inherited taint.

3. Give the syphilitic infant every care and mercury. The child should recover entirely in a few months.

After thorough treatment the late forms of hereditary sphilis are rare. I will not discuss the principles which should guide us in putting syphilitic children to the breast. These have been fully and able discussed by Fournier and others; besides, in these days of bottle-fed babies, the subject is not so important as it once was."

Lactic Acid in Gonorrhoea.

(Swinthen Chandler—Jour. A. M. A., Oct. 7th, 1905.

The eradication of the gonacoccus from the uretha is comparatively easy, but not so from the cervix. The glands of the cervix are deep and branched, easily retain the germs which are ever a source of irritation. In the majority of cases of chronic discharge the disease is in the cervical glands, and their destruction is the only remedy. After trying many remedies the author considers lactic acid the most potent for

this purpose. The acid causes a small slough, but no ill results. The following is the proceedure of the author: cleanse the vagina and cervix with warm water and cotton soaked in a water solution of 4 ounces to 6 ounces of pyroliginous acid. Expose the cervix by drawing it down and into view with a long tenaculum. Then take an ordinary hypodermic syringe loaded with pure lactic acid, and inject just beneath the membrane a few drops of the acid. Continue this until the whole of the cervix is exposed as the superior and inferior lip is injected. It may be done at one sitting. Nervous patients may have two sittings. Thirty cases treated thus are tabulated. All cured, and he reaches the following:

CONCLUSIONS.

The conclusions so far reached are as follows:

Lactic acid injection does cure cervival gonorrheal infection.

Lactic acid injection has no ill after effects.

Lactic acid injection stops the spreading to the endometrium of the body of the uterus in acute cases if treatment is started soon enough.

Ordinary douches and painting of cervix can give only temporary relief.

It is better to destroy the cervical glands, and this should be done as soon as diagnosis is positive.

An examination should be made, not only of the discharge, but if necessary (where that examination is negative) of the cervical membrane, with its glands.

Most of the chronic discharges are due to retained gonococci.

It is possible to cure this discharge by injection by this method into the cervical glands.

Cervical infection is always possible in gonorrhoea in the female, but by prompt action, tubes, etc., may be spared future disease.

So far lactic acid used by this method is the best drug for injection.

A too deep injection of the lactic acid may cause a slough, which, while not dangerous, is to say the least annoying, and lessons the good result which should be obtained from said injection.

Preservation of Urine.

An editorial in the September issue of *Pa. Med. Mag.*, says that Dr. Ogden's studies on the subject of the preservation of the urine for the purpose of shipping or for future examinations resulted in his recommending boric acid for this purpose. Five grains to four ounces of urine is a practical preservation and does not interfere with the commoner reactions used. Formal dehyde should be used only by a responsible person.

State Care of the Tuberculous.

An editorial in *Medicine* for October condemns the present policy of the State in its care of the tuberculous, usually, and several instances are noted the policy is too parsimonious. The buildings are poorly constructed for the purpose in view, and the apropriations are not sufficient for the proper care in attendance and the generous diet needed for this class of patients. The whole plan of tuberculous institutions must be different from other State institutions for the custodial care of the defective classes. The better the fare of the consumptive the larger the results of treatment. The profession is advised to go slow in advocating institutions for the tuberculous until an enlightened public sentiment is ready for them. The education of the public in tuberculosis is only begun.

Some Things Worth Remembering.

Under this heading W. M. Gregery gives (Medical Mirror, Aug. 1905) a few dots from which we call the following ideas: Avoid giving chloroform or ether to diebetic patients; do not use quinine sulphate if you can get hydrochlorate or the bisulphate; one grain of hydrochlorate is worth three of sulphate; don't give it in pill or capsule, but with a few drops of hydrochloric or phosphoric acid; do not give bromides or chloral to patients with weak hearts suffering from nervous shock; give tincture ignatia instead; the ignatio is better for female troubles than strichnia or nuxvomica and it will give immediate relief in globus hystericus; use the salycilic acid or salyculate of soda made from oil of wintergreen instead of the synthetic products; one dram each of ichtyol and salycilic acid to an ounce of lanolin makes an excellent local application for rheumatism of the joints; don't use vaseline in this preparation; his favorite (purgative) pill:

Podophillin .....gr. 1-8.
Leptandin .....gr. 1-4.
Gamboge .....gr. 1-4.
Aloin .....gr. 1-8.
Hydrastes .....gr. 1-2.
Capicum .....gr. 1-16.
One pill.

Large Doses of Diphtheria Antitoxin.

W. K. Southerland reports. (Med. Mirror, Aug. 1905, from Med. Recorder) the giving of 498,000 units of antitoxin and 150 c. c. of the serum to one patient in a period of 55 days. Details of the treatment are given The patient suffered relapse three times during the period. The largest daily dose was 32,000 units for three days in succession. A resume of the dosage of the antitoxin gathered from the literature on the subject is given. Carris says subcutaniously 4.000 to 20,000 units may be given and by intravenous injection 20,000 to 35,000 units may be administered. McAlister compiled statistics of over 2,000,000 injections with only five sudden deaths, and these possibly due to some other cause. Berhring says that aside from its antitoxic powers its properties are entirely negative, yet gives details of two cases of sudden death immediately after its use. This connection it is well to remember that the toxin of the diptheria acts on the cardiac muscle, and often causes sycope and these might be attributed to such a cause.

These rare cases scattered through the literature should not deter us from the use of the remedy when it reduces the mortality from 40 per cent under the old plan to 6 per cent under the use of the antitoxin.

Every Little Bit Helps.

"One of the spiciest little journals that comes to the secretary is the American Medical Journalist. It contains many very desirable articles, and its last issue seems to be chiefly directed against the various transactions of the American Medical Association, especially against the Journal. We rather think that there is a great deal of truth in what it has to say and advise all who wish to know both sides of the question to read it. It is published by D. A. O'Gorman, of New York."—*From the Journal of the South Carolina Medical Association* (published under the direction of the Publication Committee of the South Carolina Medical Association), Clarleston, S. C., Sept. 21, 1905.

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WRITE FOR SAMPLES

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Adrenalin in Malarial Hematuria.

(By William J. Bellamy, M. D, Wilmington, N. C.)

I have not observed any reference to the use of Adrenalin in the bad form of fever seen in many parts of the South, viz., "Hemorrhagic malarial fever" or "malarial hematuria." I have had such excellent results from the use of Adrenalin in this disease that I feel it is my duty to call attention to it. I give it in twenty drop doses, every four hours, along with 1-20 grain of arsenic, every four hours, alternately, and the normal salt solution by enema through a long rectal tube, every four to six hours. I have had in several cases in succession the last year uniformly satisfactory results.

Professor Eberth, director of the Pathological Institute in Halle and discoverer of the bacillus of typhoid fever, celebrated his seventieth birthday on September 21. He was born in Wurzburg and received his medical education there. In 1865 he was appointed professor of pathological anatomy in Zurich, and was called to Halle in 1874.

The diptheria death-rate has been greatly decreased of late years. Before the Chicago Health Department undertook the diagnosis for physicians and the distribution of antitoxin for its treatment the average annual death-rate from his disease was 13.7 per ten thousand of population. Under this laboratory work the rate has fallen to an average of 4.9. In 1904 it was only 2.04 per ten thousand.

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EDITORIAL.

The Duty of the Physician in Treating Gonorrhoea in Married Women.

The question is often asked as to the physician's duty in divulging the cause or character of the trouble when the knowledge of gonorrhoea in the married woman is gained in his professional capacity. Shall he inform the husband or wife or both of its nature? This question is a broad one and has many phases to it. It is fraught with many complications, far reaching in their consequences, both to the individuals directly concerned and to the physician in retaining the friendship and patronage of this family and those whom they may be able to influence. The question has not been satisfactorily answered. The views here expressed are not claimed as an answer to the question, but may be regarded as suggestions in forming an opinion as to each individual case.

A moment's consideration will demonstrate the impractability of answering the question categorically, yes or no, and apply it under all circumstances. Each case must necessarily be considered on its own merits, and the decision made after a review of all the surroundings.

It is equaully evident that treatment will be more satisfactory and the results more favorable, if the woman is conversant with the nature of her trouble and in consequence of this knowledge be able to give more intelligent aid in the treatment.

In considering the duty of the physicians in the premises as set forth in the question, his obligations to the public is of great moment, if not of first importance. The public looks to the physician as its protector against the ravages of disease and especially those of a contagious character. While this obligation is paramount as to the physical aspects of disease, there is also an implied moral accountability that cannot

be disregarded. The veneral diseases are contagious and there is some where a lapse of morality in their production. Should the physician protect the public against the dangers of contagion and the moral lepasy of the party or parties concerned by exposing the conditions found? To do so on the grounds of protection to the public, consistency would demand that he also expose all cases of this nature, while, the moral obliquity is greater in those in the marital relations, the protection would be the more in defending the public against the unmarried diseased persons. Neither the public nor the profession is prepared for such radical measures and this is evidently impractible.

Two other phases of this part of the problem present themselves for consideration. It is doubtful as to how far such an exposure would go in being of service to the public. The actual danger of contamination is no more in the married person than in the unmarried, except to the members of the immediate family. The fact that venerial disease can be and often is transmitted through various sources other than by sexual contamination must not be lost sight of. Its dangers and the means of prevention should always be impressed upon the patient.

The other consideration is the result almost surely to follow the divulging the nature of the disease to the parties interested. Disruption of the family, bitterness, separation, divorce court with all its attending and nauseating horrors, many or all are likely to result. Which of the evils is the lesser is hard to determine.

The physician is bound by most sacred obligations to secrecy concerning matters ascertained in a professional wayway, and this alone must seal his mouth so far as the public is concerned. Ye with all these to consider there may be circumstances in which he owes a duty to society and his clientele, as well as his position as a leader and teacher that is paramount to his obligation to the patient. That these are rare is fortunate.

So far as the public is concerned it will rarely be necessary for the doctor to take the initiative in the making of an exposure in these troubles. It may be and often is better that the medical attendant should have a plain talk with the husband when he knows him to be the culprit. In this it is well to be sure, as it has occurred that the knowledge of a venerial trouble in the person of his wife—or even of himself—is the first intimation the husband has of her infidelity. Remember that the man is more often to blame, but the marital infidelity is not always with him. When the disease of the husband was contracted prior to his marriage, and the wife contaminated subsequent to it, it is often permissable to advise the husband that the wife should be informed of these conditions in order that both can receive better directed efforts in effecting a cure. Where a man enters the marriage relation with the disease on him and knowing fully his condition, and the consequence likely to follow, the doctor is in no way bound to secrecy in the subsequent infection of the wife. She should be informed of the nature of her trouble and let him take the consequence.

The Observance of Common Things.

Physicians generally are too careless of the minutiae of practice, and neglectful of small matters. The tendency is to seek for new and uncommon modes and procedures often to the

detriment of our work in the discarding of old and well tried remedies. Because a remedy was used by our fore fathers generations ago for the cure of a morbid condition is not sufficient reason for the men of the present day to discard it. The physiology of the system and pathologic changes in morbid conditions have not changed with successive generations, and a remedy that met the indications a generation ago, will do so now. Progress, the seeking of truths in new faces—and their presentation in new lights, the advances in treatment of disease—and even the entire revolution of some of our ideas of remedies and their application are not deprecated. The plea is for a better knowledge of some of our common everyday remedies; that in our search for big things we shall not neglect the little ones that are true and tried and of known virtue. It is not at all derogaory to professional ability to use a simple remedy, if it accomplishes the results desired. The practical knowledge gained by experience even though it may be of a very primitive character —even empirical in its nature—is worth more to a physician than the scientific labors of another. If a remedy is useful, use it, though it may have been used for the same purpose by preceding generations. The only reason for discarding a successful plan of treatment should be the knowledge of a better one.

To know one remedy well, to be thoroughly acquainted with all its possibilities, to be certain of its action under diverse circumstances is worth more to a practicing physician than a superficial acquaintance with a dozen of the newer pharmaceutical products with high sounding fanciful name. The resourceful physician with a thorough knowledge of the common household remedies can successfully treat the large per cent of the diseases presented. In the rapid strides of progress and the introduction of new remedies, the profession of the day is forgetting the virtues of many of these common every day things.

The same tendancy is noted in the small matters of symptoms in disease, that is we allow the larger and grosser manifestations of disease to overshadow the little things, and in the treatment forget that these are important and are often the most troublesome to our patients. The physician can well learn a lesson here from the surgeon, in his attention to the smallest detail of his work, and to this feature much of the success of surgery of the day can be attributed.

Proprietary Remedies.

Many physicians are "on the fence" regarding the use of proprietary remedies. They do not know whether to use them or not. The position of the writer can be stated in a few words. Before using a remedy of any kind, I learn all I can concerning it and, if a compound, I learn what it contains, and then study its effect as I do with any remedy whatsoever. Many of our most valuable new or comparitively new agents are "proprietary remedies," and owing to the great expense attending laboratory research the majority of the new agents of the future will be proprietaries. A large number of the elegant and efficient combinations representing the better class of proprietaries are impossible to extemporaneous pharmacy, or to the average druggist. Worthy proprietaries, those that have stood the test of time and experience,

are as ethical as officinal preparations. The trouble in their use lies in careless or thoughtless prescribing, advising a line of treatment without having clearly studied the indications. This, however, is the fault of the doctor and applies to all remedies. I see no impropriety in the careful use of worthy proprietaries, but I most heartily condemn the great tendency of the "so called" manufacturing "chemist" to foist upon the profession and public cheap imitations of standard preparatories. W. H. W.

Broadoaks.

The recent action of Gov. Glenn and the Council of State requiring that the State hospitals care for all the indigent insane, will probably result in the exclusion of many from the benefits of these institutions who have heretofore been received and treated.

Should any case presenting itself in your practice be excluded by the new ruling, Broadoaks Sanatorium, at Morganton, N. C., would be glad to give you full information in regard to that private hospital which has been open for over four years for the classes of cases properly cared for by the State hospitals. In addition to these, inebriety and drug habits and all forms of nervous diseases are treated. The violent, noisy and very untidy are not received. This sanatorium is well equipped and the charges are as low as good service will justify. We know this institution is doing good work and that it is well managed and in admirable condition.

Newer Materia Medica.

Respiratory Affections: Symptoms and Their Treatment.

By Justin Herold, A. M., M. D., Former House Physician and Surgeon, St. Vincent's Hospital, New York City; Former Coroner's Physician, City and County of New York; Member of the New York County Medical Association, County Medical Society, Medical Society of the Greater City of New York, Medico-Legal Society of Medical Jurisprudence, and New York Academy of Medicine.

Mathematical precision, it must be admitted, has its place no less in medicine than in its legitimate field in the study of the higher classics. This precision, in the therapeutic sense, applies to the exact dosage of preparations used by the busy practitioner in his every-day experience. How often do we attain proper results from the use of drugs; how often results that are not only improper, but even dangerous? Precision in dosage can only be obtained by constant study on the part of our co-laborer, the pharmaceutical chemist—study embodying experimentation, the comparing of results, re-experimentation, and, finally, the circulation of the decisive product in the hands of the practitioner.

The past few months have afforded me, and no doubt others, opportunities to test the efficacy of the therapeutic qualities of the various remedies vaunted as certain to relieve the harassing symptoms attendant on the diseases produced by the bacillus of that nineteenth-century infant, "La Grippe."

I refer to this epidemic particularly, because it had not manifested itself in such virulent form since the memorable

grippe epidemic of 1889. The author of this paper, in the past few months has had occasion to employ the several preparations recommended for the relief of the distressing respiratory symptoms attendant upon "la grippe." These manifestations, from my view-point, have been characterized principally by cough and dyspnea, in other words, "dyspneic cough." Expectorant mixtures, anodyne solutions, together with hypodermic medication produced in me a disgust; and why? Simply and undeniably for the reason that the ordinary cough mixtures contain the opium preparations in such combinations as to leave a depressing effect, which, especially in cases of the grippe of the "depressing or melancholic" type, enhances the already depressed feeling. Combinations of expectorants with stimulating ingredients had no less the same effect.

The feelings of the physician are not heightened when his "stand-bys" serve him so poorly; neither are the feelings of the patient calculated to give him increased confidence in his physician. Where lies the fault—in the opium, in the morphine, in the codeine, in the heroin? No, the fault lies in the unstable (or whatever you may call it) combination, or ill-combined ingredients. In seeking for a remedy to relieve the harassing night cough of an attack of "bronchitis due to grippe," in a member of my own family, I chanced to come across a preparation of heroin, which, of all remedies tried, gave relief. I refer to Glyco-heroin (Smith).

Glyco-heroin, in all the cases in which I have used it, has never caused vomiting, an important point for the physician. Is not the stomach the physician's best friend in the treatment of diseases other than obstructive or malignant affections? Another important point noted was that this preparation of heroin—Glyco-heroin (Smith)—never played pranks with the structures composing the vaso-motor system. Now, what do we, in treating disease, want in addition to a good stomach and a stable nervous attachment? We want rapid action. That I effected through the use of Glyco-heroin.

You cannot produce toxic effects with this preparation, as its effects are lasting, and in most cases do not necessitate the use of the drug at very frequent intervals. Glyco-heroin allays coughs, without doubt better than any remedy I have used this winter. And that without the sometimes disastrous results of other preparations of the papaver group. Respiration is stimulated, not in number, but in the depth of the inspiratory act; thus full and complete oxygenation takes place, an important adjunct to the helpful effects of drugs in general, and saving the patient that expensive tank of oxygen. Given full and complete oxygenation, all other symptoms must accordingly diminish; thus temperature and pulse rate are reduced to a normal condition. Elimination of noxious products not being interfered with the excretion of urine is brought to the normal under the use of Glyco-heroin. It is well known that diminished quantity of urine follows as a result of inflammatory diseases of the respiratory tract; thus the standard quantity of urine is enhanced by the judicious use of Glyco-heroin. In the case of tuberculosis it acts not only as a respiratory sedative, but also as a stimulating expectorant, as the following case will attest:

Case 1.—*Pulmonary tuberculosis, stage of cavities.*—W. B. C., aged 28 years, suffering from cough, expectora-

tion, emaciation, loss of appetite, loss of sleep, inability to lie in certain positions, of eight years' duration, weight 122 pounds. Physical examination revealed a number of cavities in both lungs, although the laboratory tests did not show any tubercle baccilli. Guaiacol, arsenic, eucalyptus, ichthyol, and creosote benefited him but imaginatively. Glyco-heroin in doses of one teaspoonful every two hours, to start with, to be taken from 8 a. m. to 6 p. m., benefitted him to such a degree that, to quote from his letter to me, he "gained four pounds in four weeks." Lungs appear to take on a better action as regards respiration, thus giving him, indirectly, proper sleep, followed by the ability to eat with a relish. Coughs little at night; advised him to expectorate forcibly during the day. Patient now finds relief by taking his doses every eight hours.

Now, why this beneficial action in tubercular disease, for this case was taken at random from my case-book, as are all the other cases? Simply because Glyco-heroin loosens cough, promotes the throwing off of the noxious material from the lung cavities, and thus gives relief, breathing becomes easy, oxygenation takes place with renewed vigor, and, by careful attention as regards regulation of dosage, patients of this class may live many years in comparative comfort as regards distressful symptoms.

Case II.—*Acute laryngitis.*—George F. N., aged 14 years. Coasting, perspiration, and no overcoat, a good combination to bring on an acutely inflamed laryngeal mucous membrane. Pain on swallowing, talks in whispers, temperature 101.5° F., pulse 135, respiration 23, cough, barking like dog, uncomplicated case of laryngeal inflammation. Stokes' expectorant did not relieve, seemed to increase cough. Glyco-heroin, full doses of one teaspoonful every three hours, while producing much sleepiness, reduced inflammation, cough, and pain in three days. I then combined it with squills and syrup balsam tolu, to be given every four hours until completely relieved.

Glyco-heroin, in cases of laryngitis, seems to me to take the place of all heretofore vaunted sure cures, without reservation. Vomiting from the use of opium, morphine, codeine, etc., always delays a cure in cases of laryngitis; not so with Glyco-heroin, which in my hands thus far has not produced vomiting.

Case III.—*Chronic bronchitis, asthma, and emphysema.*—Mrs. H. D., aged 44, has had asthmatic attacks every fall and spring, for the past eleven years; not in winter, but only at the beginning and end of seasons. Iodines, senega, squills, digitalis and cupping gave relief, but with the penalty of a return of more severe attacks. Dyspnea, cough and expectoration in this case was something frightful to witness. In this case, prompt hypodermic injection of 1-8 grain of morphia relieved somewhat, followed by the use of Glyco-heroin, one teaspoonful every hour for three doses, then every four hours, and on the third day every six hours. In this case the Glyco-heroin seemed to continue the effect of the morphia.

A new point in favor of Glyco-heroin is that it enhances the effect of morphia when given hypodermically. Although in seven other cases of asthma, with attacks similar to the above, Glyco-heroin was administered, in two-hourly doses, with the remarkable effect that the

cough and dyspnea ceased within four hours.

Case IV.—*Pharyngitis.*—Miss D. F., aged 17 years, complained of fever, hoarseness, cough, and soreness in throat. Culture of reddened throat did not reveal any streptococci or Klebs-Loeffler bacilli. Glyco-heroin, given every three hours, cured in two days. The after-cough was removed in four more days, by the administration of Glyco-heroin in doses of one teaspoonful every six hours.

Case V.—*Acute bronchitis.*—Carl F., aged 22 years; chills, fever, soreness of throat, pain on swallowing; cough dry, no expectoration; Glyco-heroin, one teaspoonful every two hours, promted expectoration, changed the character of the cough, and gave relief in a most happy manner. In my opinion there is no doubt that patient would have ended up in a pneumonia, unless he was relieved inside of 48 hours. As regards his cough, character of it was so completely changed that the bronchial disease seemed to "flow from him," as it were.

In whooping cough, 22 cases from my case-book show that I prescribed Glyco-heroin with permanent and speedy results, given in doses of five and ten drops, as indicated, to these little sufferers. It seemed to be borne well and efficaciously. Readers do not care much for the recital of cases; bare facts are meat from which all can subsist with profit. Glyco-heroin (Smith) is far superior to codeine, as sedative, in affections where a direct action upon the respiratory center is looked for. For certainly, its action must be direct where it is noted that respiration is deepened and prolonged. No vomiting, no nausea, no headache, no depressing of powers of mind or body, no untoward symptoms, Glyco-heroin is *par excellence* the remedy for conditions affecting the respiratory organs, whether in children or adults, in the weekly and in the strong.

Persistent Headache Due to Nasal Catarrh.

Nasal catarrh, both acute and chronic, frequently served as the cause of headache. The pain is generally one of persistent type and classed as congestive. Examination in these cases may show suppuration of accessory sinuses with marked nasal obstruction due to small spurs, deviated septum and general hypertrophy. As a rule these obstructions are of little import if the engorged membrane can be readily depleted and the local circulatory system restored. This can readily be accomplished by instructing the patient in the use of Glyco-Thymoline in a 25 per cent solution (warm) by means of the K. & O. Nasal Douche. The solution should be applied at least twice daily until the nasal membrane is found to be perfectly normal. This measure will give prompt relief from the congestive pain and maintain the nasal membrane in a healthy condition.

The following case occurring in the practice of J. K. Cantrell, M. D., of Alton, Mo., can be cited as typical:

I suffered for twenty years from nasal catarrh and at times experienced the most agonizing neuralgic pain of a supra orbital character; like all other physicians, thought but little of using any remedy than my own until I received the sample bottle of Glyco-Thymoline sent by you. It set in my office for months until one of those neuralgic attacks came on, and after using my own remedy with little or no satisfactory results, I commenced the use

of Glyco-Thymoline and was relieved in eight hours of the neuralgic pain and I am glad to say I am as free from nasal catarrh as an infant. The above disease is the only disease I have had a chance to use Glyco-Thymoline on, as I used the sample sent in curing myself. In conclusion will heartily recommend Glyco-Thymoline to all who have nasal catarrh and will wager one hundred dollars that it will cure any case unless the disease is of syphilitic origin. I think Glyco-Thymoline should be introduced in every physician's practice in the United States.

I for one shall recommend and use it in every case that comes under my treatment for nasal catarrh.

Sal Hepatica vs. Natural Mineral Waters.

The superiority of Sal Hepatica over the natural mineral waters that are specially recommended in the Uric Acid Diathesis and the various forms of constipation is clearly shown by the following facts: By commingling lithium and sodium phosphates in proper proportions with certain of the "Bitter Water" salts, as represented by Sal Hepatica, a compound is secured that is superlatively more active than either the lithium or sodium salt alone, or, indeed, than any natural mineral water or any combination that can be effected. Recognizing this, the most eminent practitioners latterly have taken to prescribing Sal Hepatica in preference to the natural waters, with the result that the remedial action of the latter is enhanced, the untoward manifestations accruing reduced to a minimum and their palatability materially increased.

Sal Hepatica is very effective in limiting and reducing the amount of uric acid formed within the circulation, excreted by the kidneys, and is very freely absorbed and taken into the blood and as rapidly (along with the chemical products formed) eliminated by the excretory ducts or organs as is readily demonstrated by its presence, after a brief course thereof in perspiration and urine, the latter more particularly being doubled or trebled as to quantity and rendered decidely alkaline.

Notes on a Case of Perimetritis.

Hukam Chand, C. M. S., Surgeon Delhi Hospital, Delhi, India.

I was called to see a female patient in the city on October 12th, 1904. On arrival I found her with fever, temperature 102°, tongue coated, pulse rapid, bowels costive, urine scanty and high colored, pain and tenderness over the hypogastric region as well as in both iliac fossae, vagina hot (as told by native *dhai*) but no discharge. On palpation the uterus was found hard and on inquiry it was found that the present complaint was due to abortion and exposure to cold. I diagnosed the case as perimetritis associated with overitis and prescribed:

(1) Calomel gr. 1-4. One every three hours.

(2) Antikamnia & Heroin Tablets. One every four hours.

(3) Turpentine stupes over the seat of pain.

(4) Liquor Morphia, 15 minims at night, *if no sleep*.

Oct. 13th.—Pain less than before, had a good sleep for four hours. Continued the same treatment.

Oct. 14th.—Pain less than the previous day, had good sleep without morphia.

Oct. 15th.—Pain considerably less, patient could walk with the aid of stick,

Good sleep. Continued same treatment but stopped turpentine stupes.

Oct. 16th.—Very slight pain remaining, patient weak, otherwise well. Stopped calomel, prescribed castor oil, oz. 1, and continued antikamnia and heroin tablets as before.

Oct. 17th.—No pain at all. Bowels moved twice. Prescribed tonic mixture. Patient getting well.

REMARKS.—In my opinion the recovery of this case was due to the analgesic and antipyretic properties of antikamnia and heroin tablets. They are worth a trial in such conditions.—*Practical Medicine,* March, 1905, Delhi, India.

Idiocyncrasy or Some Other Reason.

We met with many cases in practice suffering intensely from pain, where for an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeia, and when assisted by antikamnia its action is all that could be desired.

In the grinding pains which precede and follow labor, and the uterine contractions which often lead to abortion, in tic douloureux, brachialagia, cardialagia, gastralgia, hepatalgia, nephralgia and dysmenorrhoea, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative but in very many cases curative. The most available form in which to exhibit these remedies is in "Antikamnia & Codeine Tablets."

The physician cannot be too careful in the selection of the kind of codeia he administers. The manufacturers of "Antikamnia & Codeine Tablets" take every precaution, in fact, they refine and purify every grain of codeia which enters into their tablets. This not only prevents habit and consequent irritation, which follow the use of impure codeia, but it does away with constipation or any other untoward effect.

Seng.

The existing prejudice against Ginseng is due to the fallacious claims made for it by the Chinese. However, if one will judge by false claims only and never see the good in a drug, he will find his materia medica greatly curtailed. When the practical application of a drug demonstrates its usefulness, not in one case, but in many cases, as Seng has done for me, I am ready to subscribe to its therapeutic value, notwithstanding prejudice. Theory or prejudice have never yet cured a patient. In my experience Seng will stimulate all secretory glands and after cleansing with necessary eliminants, it will render the alimentary tract physiological. In the treatment of digestive derangements, whether primary or symptomatic, I find that in connection with a rational diet and indicated correctives, Seng will stimulate gastric secretion. In anemia and chlorosis, where the motor functions of the stomach are not disturbed, yet there is a decrease in secretion of gastric juices, it is of greatest value as collateral treatment.

J. J. HOFFMAN, M. D.

St. Louis, Mo.

Waterbury's Metabolized Cod Liver Oil Compound is meeting with phenomenal success, and is claimed by the Waterbury Chemical Co. that it is being used in more government, state and private hospitals than any other tissue building tonic being placed on the American market.

An Interesting Booklet.

An interesting booklet is now out which gives much pertinent information in regard to mechano-therapy. It describes fully a new vibrator which is really portable, and the most wonderfully perfect piece of mechanism that has come recently to our attention. It also tells all about fluid vibration, the latest scientific development in the construction of vibratodes, and full details of the physician's vibragenitant above referred to. Those of our readers who are interested in this subject can secure free a copy of this booklet by addressing Sam J. Gorman & Co., 529 Baltimore Building, Chicago, whose ad. will be found on another page.

An Antiseptic Babe.

By Edna Kingsley Wallace.

We can sterilize his bottles, we can boil his little mug;
We can take his flannel bandages and disinfect the rug
That envelops him when he partakes of medicated air,
But there's one impossibility that leaves us in despair—
And a not unjustifiable one, you will allow—
To wit: we fear 'twould never do to sterilize the cow!

So we feed the baby Medicus's hygienic dope,
And we wash his face with germicidal antiseptic soap;
And we brush his little toofums—or the place where they will be—
With diluted Glyco-Thymoline, most sanitari-lee;
Then despair to see a milky effervescence supervene
On a countenance which theretofore was surgically clean.
Thus although we strive to conquer every septic circumstance,
Yet we greatly fear a ghastly alimentary mischance;
For albeit we bake and boil his things, scrub and soak and souse,
As if in his anatomy forever cleaning house,
The recklessness with which he sucks his vagrant tiny thumb
Imperils much his precious antiseptic little tum.

We are careful of his hours, we are thoughtful of his toys;
We are mindful of his sorrows, and judicious of his joys;
We are prayerfully considerate of needful discipline,
Of our little "Mother's Handbook" and the precepts writ therein;
And we strive to render sterile all designed for mouth or tum,
But one frightful danger menaces—we cannot boil his thumb!

—*Harper's Monthly*, Aug. 1905.

Utility of Coca as a Heart Tonic.

Coca is of service as a heart tonic in many ways: (1) As a depurative of the blood stream, stimulating the elimination of tissue waste. (2) Through rendering the muscular structure of the heart free to perform its functions untrammeled by the clogging of waste. (3) By a direct stimulant action on the cardiac muscle. (4) By its tonic influence upon the vaso-motor nerves. (5) By stimulating the vagus center. Coca is useful in simple muscular weakness from malnutrition or that following acute disease; it is also extremely serviceable in valvular disease without compensatory hypertrophy. Unlike digitalis, Coca is not cumulative in its action, and hence may be

given for long periods. The concentrated fluid preparation, The or Tea Mariani, will be found particularly useful when a stronger Coca action is desired than is afforded by the administration of Vin Mariani.—*Coca Leaf*, January, 1905.

Sanmetto a Soothing Remedy to the Irritable or Inflamed Genito-Urinary Tract.

I am well pleased with Sanmetto. It seems to divest the urine of its morbid or irritating properties and has a soothing tendency in case of irritable or inflamed urethra.

JAS. B. WINN, M. D.
Wichita, Kas.

J. A. Herring, M. D., Myrtle Springs, Texas, says, in the Alkaloidal Clinic: "I have just received the Clinic, and find an article by Dr. Thudichum on 'Echinacea.' I have used it with perfect success for the last five years, first employing Lloyd's specific tincture and later Ecthol, from Battle & Co., containing echinacea and thuja. I give the former the credit. And I want to say that it is a specific for all that Dr. Thudichum says. It has been so in my hands. I have just counted the empty Ecthol bottles in my office and find twenty-six used in the last year. In fact, people come twenty-five and fifty miles to have me treat old sore shins and the like. It stops boils and carbuncles; and I give it in all glandular inflammations. Pus and ecthol cannot stay in the same place. Try it, doctor, and you will be convinced."

"The chief reason why Tongaline is such an efficient agent in the treatment of rheumatism, neuralgia, grippe, gout, headaches, sciatica and lumbago arises from the fact that all the salicylic acid it contains is made from the purest natural oil of wintergreen. Hence the patient can take a sufficient quantity of this valuable drug to get its full therapeutic effects, which cannot be done with the synthetic product as the organs of digestion and assimilation will invariably rebel against the salicylic acid made from coal tar before the system is thoroughly under its influence."

In Hepatic Disorders.

Raymond Wallace, M. D., Editor *Southern Medicine and Surgery*, Chattanooga, Tenn., states that he frequently prescribes Sulpho-Lythin and that it is the best substitute for calomel he has ever found.

BOOK REVIEWS.

TAYLOR'S PHYSICIAN'S POCKET ACCOUNT BOOK, Published by Dr. J. J. Taylor, Editor of the Medical Council, 4,105 Walnut street, Philadelphia, Pa.

This little pocket account book is different in many respects from the diaries and account books usually used by physicians. It is small and compact, well bound, and of convenient size for the pocket. The chief advantage of it is in its simplicity and the ease with which accounts are kept. It meets all the legal requirements of bookkeeping at a minimum expense of time and labor. One writing of the name and one noting of the services rendered without any extra time and trouble in

posting being all that is required. Then, too, the doctor has his accounts already posted to date always with him. There is provosion made for over two hundred accounts, obstetrical and vaccination records, cash accounts, and balances brought from former boods.

A larger size on the same principle for eight hundred accounts is published and is issued by the same publisher at four dollars.

The prices of the pocket edition are as follows:

Bound in leather, $1.00. Also bound in manila boards with separate leather case. Price of case and two manilla books, $2.00. Subsequent manilla books to use in the case, 60 cents each; two for $1.00; three for $1.40.

GRAY'S ANATOMY. Descriptive and Surgical. New American from the 15th English edition. Revised, enlarged and rewritten by J. Chalmers Da Costa, M. D., Professor of Surgery in Jefferson Medical College, in collaboration with a corps of specially selected assistants. In one very handsome imperial octavo volume of 1600 pages, with 1132 illustrations, 500 of which are new in this edition. Price, with illustrations in black: cloth, $5.50, net; leather, $6.50, net. Price, with illustrations in black and colors; cloth, $6.00, net; leather, $7.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

Gray's Anatomy is, and has been for fifty years, the leading work in all medical literature. It has guided the teaching of Anatomy in all English-speaking lands so exclusively that the name "Gray" has become popularly synonymous with its subject. Henry Gray died young, but he left as his masterpiece this work, showing his profound grasp of human structure and his equal insight into the best methods of imparting knowledge to other minds. Far from stationary, Anatomy is perpetually advancing, and any work designed to reflect its full development needs frequent revision. Gray alone enjoys a sale of sufficient magnitude to warrant the expense of a proper revision, as its merits attract practically the entire demand. Accordingly, in its many editions it has enlisted the ablest anatomists on both sides of the Atlantic, but no revision has been so thorough as this by Dr. Da Costa. An anatomist, a surgeon and a teacher, he combines all qualifications necessary to place the book abreast of the latest advances, keeping always in view the requirements of students and practitioners as well. Every page has been revised and whole sections rewritten, notably those on the Brain, Spinal Cord, Nervous System, Abdomen and Lymphatics.

Of the magnificent series of over one thousand illustrations, no fewer than five hundred are new in this edition. They are so large that every detail is clear, and they bear the names of the parts engraved directly upon them (a feature peculiar to Gray), whereby the position, extent and relations are seen at a glance and impressed on the mind in a way otherwise impossible. Colors are used more freely than ever before to indicate the muscle-attachments, veins, arteries, nerves and lymphatics. The work is therefore an unrivaled Dissector. The old and new nomenclature are both given, the new enclosed in brackets, thus serving all readers better than either system alone. The text has been most carefully arranged, so that its main and sub-headings and its catchwords in heavy type will give the stu-

dent a systematic grasp of all the subjects in their proper anatomical dependence.

In a word, Gray's Anatomy will remain in the future, as it has been in the past, the easiest book from which to reach, to learn, or to prepare for examinations for degrees or license to practice, and likewise the unrivaled reference book for the physician and surgeon.

THE NATIONAL STANDARD DISPENSATORY. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopoeias of the United States, Great Britain and Germany, with numerous references to other Foreign Pharmacopoeias. In accordance with the United States Pharmacopoeia, 8th decennial revision of 1905 by authorization of the Convention. By HOBART AMORY HARE, B. Sc., M. D., Professor of Therapeutics in the Jefferson Medical College, Philadelphia, Member of the Committee of Revision of the U. S. P.; CHARLES CASPARI, JR., Ph. G., Phar. D., Professor of Pharmacy in the Maryland College of Pharmacy, Baltimore, Member of the Committee of Revision of the U. S. P.; and HENRY H. RUSBY, M. D., Professor of Botany and Materia Medica in the College of Pharmacy of the City of New York, Member of the Committee of revision of the U. S. P. Imperial octavo, 1858 pages, 478 engravings. Cloth, $7.25, net; leather, $8.00, net. Thumb-Index, 50 cents extra. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

To practioners of medicine and pharmacy this new work of the highest authority is of great importance. It contains, by authorization of the Convention, every article in the new edition of the U. S. Pharmacopoeia, together with such explanatory notes and instructions as are necessary to a full understanding of the brief official statements. In addition it covers the essentials of the latest foreign Pharmacopoeias, and the very important domain of unofficial drugs and preparations so largely in use. Of its authors, Dr. Rusby has treated the department of Pharmacognosy, including the minor as well as the major drugs of the entire globe, a service never before rendered; Prof. Caspari deals with Pharmacy, giving full information regarding methods and products, with descriptions and explanations of the most approved apparatus and tests, and Dr. Hare has written the section on Medical Action and Uses giving a direct and compact presentation of modern therapeutics. An Appendix of 60 pages contains all necessary tables, formulas, tests, etc., for practical use. The General Index, of about 90 pages, contains full reference to every page in the text, making it a repertory of the world's knowledge of drugs, and the Therapeutical Index, of about 40 pages, contains, under the name of each disease, references to all the medicines employed in its treatment, leading the reader to the points in the text where the conditions indicating their employment and choice will be found. In a word, the National Standard Dispensatory is a new, practical and authoritative work containing information on all substances used in medicine and pharmacy at the present day. The volume is embellished with no fewer than 478 new and instructive engravings in the text.

PRACTICAL MASSAGE IN TWENTY LESSONS. By HARTVIG NISSEN, Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School; Physical Director of Brookline Public Schools; Former Acting Director of Physical Training, Boston Public Schools; Former Instructor of Physical Training at Johns Hopkins University and Wellesley College; Former Director of the Swedish Health Institute, Washington, D. C., etc., etc. Author of "Swedish Movement and Massage Treatment," "A, B, C of Swedish Educational Gymnastics," "Rational Home Gymnastics," etc. With 46 original illustrations. 168 pages. 12mo. Price, Extra Cloth, $1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

The little book treats of a subject concerning which practitioners, as a rule, know very little, but of which they should know much. The day is now on us in which the practitioner of medicine and surgery should know how massage ought to be given and the class of cases in which it is indicated. This small volumn is from the pen of an expect, and its study will repay any physician who desires authoritative information concerning scientific massage.

THE ERA KEY TO THE U. S. P.: A Complete list of the drugs and Preparations of the United States Pharmacopoeia. Eighth decennial revision (1905). Vest-pocket size; 83 pages; price 25 cents. The Pharmaceutical Era, Publishers, 90 William St., New York.

The publishers announce a new edition of the well-known "Era Key to the U. S. P.," whose object is to further the introduction and employment of the official drugs and preparations of our National standard, the United States Pharmacopoeia, the eighth revision of which is now in force. The book comes in vest-pocket size and gives in a "nutshell" all the essential information required by the physician who desires to prescribe pharmacopoeia remedies—their official names, synonyms and constituent parts, with average doses in both metric and English systems. The idea of putting the essential information of the Pharmacopoeia in so small a compass is claimed to be original with the publishers, under whose direction the little work was compiled. The busy physician will find it both helpful and suggestive in his effort to prescribe official pharmaceutical preparations.

DISEASES OF METABOLISM AND NUTRITION, a Series of Monographs by PROF. DR. CARL VON NOORDEN, Physician-in-Chief to the City Hospital, Frankfort-on-Main; Authorized American Edition, Edited by BOARDMAN REED, M. D., Philadelphia. It is due to the disorders of metabolism and nutrition that degenerative changes cut short the activities of so many men and women in middle life—that, in these latter days, senility and death itself come prematurely to a very large proportion of mankind. DRINK RESTRICTION, (Thirst Cures)—Small 8vo., 86 pages, cloth, 75c. E. B. Treat & Co., Publishers, New York.

This booklet is a continuation of the valuable series of Contributions on Diseases of Metabolism and Nutrition which are issued every little while from the clinic of Prof. Von Noorden.

There has been very little scientific study of water drinking by medical writers. Leuce's little volume is very

IF IT'S A PILL MADE BY W.R.WARNER & CO. IT'S SOLUBLE

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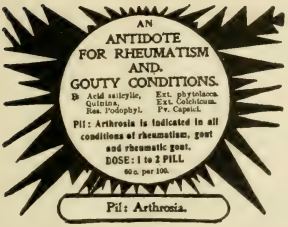

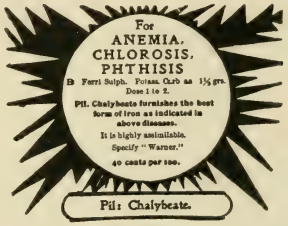

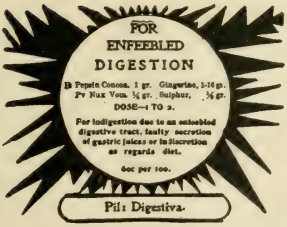
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timely. The employment of water-drinking in disease is seldom carried out in a sensible way. The history of the subject is carefully reviewed and the effect of water-drinking on the various diseases of the blood vessels, the heart, the kidneys and in diabetes insepides and in obesity. Then the effect of thirsting (restriction of water) on the organism and with special reference to metabolism. In the final chapter under therapeutic considerations, directions are given for the use of liquids in reduction cases, in chlorosis, in cirrhoses of the liver, and in hemorrhage. Those who purchase and read the book will get more than value received.

DISEASES OF STOMACH AND INTESTINES.—Boardman Reed.

Lectures to General Practitioners on the Diseases of the Stomach and Intestines, with an account of their relations to other diseases and of the most recent methods applicable to the diagnosis and treatment of them in general; also "The Gastro-Intestinal Clinic," in which all such diseases are separately considered; by Boardman Reed, M. D., Professor of Diseases of the Gastro-Intestinal Tract, Hygiene, and Climatology in the Department of Medicine of Temple College, Philadelphia; Attending Physician to the Samaritan Hospital; Member of the American Medical Association, American Climatological Association, American Academy of Medicine, American Electro-Therapeutic Association; Foreign Member of the French Societe D'electro-therapie, etc.; price, $5.00, net, illustrated. E. B. Treat & Company, 241-243 West 23d street, New York, Publishers.

This book, consisting of lectures to general practitioners on diseases of stomach and intestines by this well-known gastro-enterologist, Dr. Boardman Reed, of Philadelphia, fills a long felt need in this department of medical literature. It covers, in a very practical way, the most recent methods of diagnosis and treatment, discarding all encumbering minutial. The essential every day diseases are discussed in a clear and forceful way, and there is no prolix classification which is found in other similar works and in which similar works by this classification the volumes are drawn out to a burdensome length. We do not hesitate to recommend this volume to students and practitioners who wish to become familiar with this advancing department of medicine. The general make-up of the book, including type, plates, cuts and binding, is excellent, as always is the case with publications of this well known house.

The Principles of Bacteriology; a Practical Manual for Students and Physicians, by A. C. Abbott, M. D., Professor of Hygiene and Bacteriology, and Director of the Laboratory of Hygiene, University of Pennsylvania; Seventh Edition, enlarged and Thoroughly Revised, with 100 Illustrations, of which 24 are Colored. Lea Brothers & Co., Philadelphia and New York, 1905.

During the interval that has elapsed since the appearance of the sixth edition of this book the problem that has chiefly engaged the attention of the foremost workers in the field of bacteriology is the old one of infection and immunity.

In its modern development this has become a question of the broadest biol-

ogical bearing, and, as knowledge accumulates, we find it to be no longer of exclusive bacteriological interest.

Ramifying, as it does, in many diverse fields it grows correspondingly complex, and a complete presentation of the conceptions and methods would be inappropriate to a work of this character. However, an effort has been made to present in this edition sufficient to acquaint the reader with the manifold directions taken by these studies.

Furthermore, the practical results, often of the utmost importance to preventive medicine, have been included adding materially to the value of the book.

The section on methods has been brought fully up to date, and, while not covering all the new technique, contains those proceedures which have been tried and found trustworthy. The seventh edition of Abbott's Bacteriology is fully abreast the times.

Surgical Suggestions.

(*From American Journal of Surgery.*)

A very simple method of curing a corn is to excise it.

Never incise a swelling in the course of a large artery without making sure first that it is not an aneurism.

In wounds made by coal on the exposed parts of the body, remove all the particles of coal dust; otherwise a disfiguring pigmentation might follow.

In a case of fresh traumatic amputation of a part of the finger, if the amputated part has not been too lacerated or crushed, try to restore the member by cleansing the parts carefully and suturing it to the stump. Once in a while the graft will "take."

The best drainage should be afforded for all punctured wounds of the palm; suppurations in this region are very disagreeable and are followed by severe consequences.

After major amputations an elastic constrictor should always be left at the head of the bed, so that the nurse can immediately apply it in case of secondary hemorrhage.

In performing subcutaneous infusion do not allow too much fluid to accumulate at one area, otherwise necrosis may occur. Shift the needle to various parts not by swinging it from side to side, but by partly withdrawing it and reinserting it to another area.

In operations upon the head or neck the anesthetist must see to it that no instrument is allowed to lie over the cornea, especially if it is exposed. Ulceration may be caused with ease; it is often healed with difficulty.

A urethral endoscope will be found a great help as a means of introducing a rubber drainage tube into a narrow, tortuous sinus.

If possible, always tie each component of a kidney pedicle separately, not *en masse*.

If pus persists in the urine after an extirpation of a kidney for suppurative disease, it often means that the ureter is involved and will require subsequent extirpation.

In cases of suspected rupture of the bladder, catheterization is not always a sure test. The rent may be so large that the catheter draws away urine that has already flowed into the peritoneal cavity.

Never attempt to pack a bladder for hemorrhage without the aid of guy sutures; with them one can make ab-

solutely sure that the gauze goes into the bladder, and not on top of it, pushing the organ away from the space of Retzius.

To prevent a suprapubic or other drainage tube from becoming displaced is easily accomplished by fitting another tube over it like a collar; this outer tube is split through half its length and the two portions are spread out over the skin and fastened down with adhesive plaster.

After the open operation for varicocele the scrotum may be shortened by simply sewing the wound together transversely instead of longitudinally.

A point worth remembering in the diagnosis of nephrolithiasis is that red blood cells are almost always found in the centrifugalized sediment in the urine even in the interval between attacks of colic.

In performing paracentesis in the median line for abdominal fluid, be sure that the bladder is empty. When it is necessary to perform paracentesis in the lateral part of the abdomen, be careful to avoid the deep epigastric artery.

In aspirating the chest, see to it that the syringe is in good condition before inserting the needle. Never apply the syringe to the needle after the latter has already been inserted; a severe pneumothorax may result. If the syringe is found to be out of order after the aspiration has been done, withdraw the needle also and reinsert.

Very extensive and rapidly spreading subcutaneous infections may result after an aspiration of a foul-smelling empyema. It is therefore wise to always operate over the site of aspiration, and especially to see that the puncture wound is well drained.

If a patient begins to vomit long after a radical operation for carcinoma of the stomach, do not jump to the conclusion that the cause is a local recurrence. It may be a metastasis in the brain.

Miscellaneous.

Temple Sleep.

It was firmly believed by the Greeks so early as the sixth century, B. C., that he who slept in a temple would be surely cured of any physical disorder. Dr. Hugo Magnus, in his new book, "Superstition in Medicine," says that a tablet found in the temple of Aesculapins at Epidaurus tells us that a blind man by the name of Hermon, a native of Thases, had recovered his sight by sleeping in the Epidaurean Temple of Aesculapins. However, it appears that this man Hermon had been a miserable wretch, for he disappeared without having expressed his thanks in hard cash. Naturally such ingratitude provoked the God, and summarily he blinded the thankless individual again. It required a second temple sleep before the God condescended to become helpful once more. But our tablet does not mention anything about the amount of the remuneration paid by our friend Hermon who had been twice cured of blindness, neither is this all necessary. The miraculous tablet, even without stating the price, doubtless made sufficient impression upon the minds even of the most parsimonious of future patients.

Strange Remedies of the Ancients.

The following are among some of the fantastic cures presented by the medical authorities of early times, as

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in a prescription means much to the patient. Discriminating physicians, therefore, when prescribing an emulsion usually specify Hydroleine—the pancreatized form of cod-liver oil.

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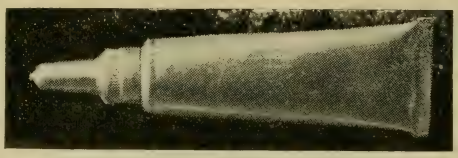

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given by Dr. Hugo Magnus, in his new book, "Superstition in Medicine:"

"Remedy against Bellyache: " 'Take the heart from the living lark and wear it as an amulet at the left thigh.'—Alexander of Tralles (*ibid.*)

"Remedy against Epilepsy (advised by the Physician, Moschion Diorthotes, Alexander of Tralles, Book I, Chapter XV, page 570): 'The forehead of an ass tied to the skin of the patient and worn.'

" 'Gather iris, peonies and nightshade when the moon is on the wane, pack them into linen and wear as an amulet.' Advised by the magician Osthanes, Alexander of Tralles, Book I, Chapter XV, page 566.

" 'Take a nail from a cross and suspend it from an arm of the patient.'—Given by a physician of the second century, A. D., by the name of Archigenes.—Alexander of Tralles, Book I, Chapter XV, page 566."—*From Dr. Hugo Magnus' new book, "Superstition in Medicine."*

Effort has been made to make the Christmas number of Everybody's exceptionally strong in fiction. The first instellment of Rex E. Beach's powerful romance of the Alaskan gold-fields, "The Spoilers," indicates that this is a pretty close approximation of the long-sought-for "American novel." It is a stirring story; and it is not, as certain intriguing politicians will observe, entirely the product of Mr. Beach's imagination. Supplementing the novel are a characteristically spirited story by O. Henry, perhaps the most popular of American short-story writers; Booth Tarkington's "Lord Jerningham," one of the best love-stories of the year; and Grace S. Richmond's "On Christmas Day in the Morning," a thoroughly

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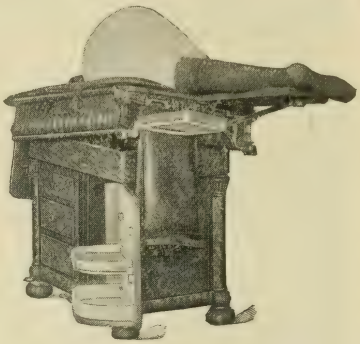
fresh and charming "home story." "The Capitulation of Suzanne" is a love-story of Christmas in the Adirondacks, by Eleanor Hoyt Brainerd. Hugh Pendexter has a brilliantly humorous skit, "An Arctic Circle Touch-Down," and there are admirable "Little Stories" by Grace Lathrop Collin and G. W. Ogden. Hartley Davis continues his dramatic department, "The Players."

The Fund and Wagnalls Co., of New York, announce the publication of a new book, "Superstition in Medicine," by Prof. Dr. Hugo Hagnus, containing many curious cures and beliefs.

USE APPLIANCES IN WHICH YOU HAVE CONFIDENCE



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Medical News and Items.

The committee in charge of the International Medical Congress, which will be held in Lisbon from April 19 to 26, 1906, has written asking for the contribution of papers on the following medico-legal subjects, and saying that as yet no titles of communications touching on any of these subjects have been received from this country.

The signs of virginity and of defloration in medico-legal relations.

Hand marks and finger prints; their medico-legal importance.

The medico-legal importance of the carunculce myrtiformes.

The mechanism of death by hanging.

The value of bacteriologic examination of vulvo vaginal discharges in the determination of venereal contagion.

The signs of death by drowning.

Ecchymoses in legal medicine.

Spontaneous and original abortions from a medico-legal point of view.

Medico-legal investigation of blood stains.

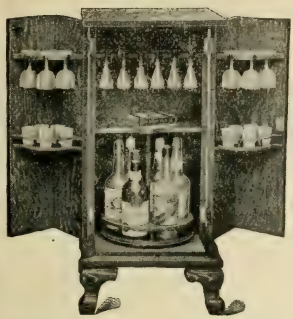
The relations between the seat of cerebral contusions and the point of application of the agent which produced them.

Epilepsy in legal medicine.

The induction of abortion; when is it permissible?

The value of legal medicine in the study of criminal law.

The best legislation for the protection of the "medical secret" (the obligation imposed upon physicians to treat as inviolable all information concern-



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679 West Fourth St., Cincinnati, Ohio.

ing patients obtained while in the discharge of their professional duties.)

The effects of the civil and penal law toward the newborn living infant.

Distinct between the natural openings in the hymen and tears of this membrane.

Criminal vulvar copulation.

Organization of medico-legal services.

If any of the readers of this communication intend to take part in the discussion of this section of the congress, or to prepare papers for it on any of the subjects mentioned, or on any other subject in medicine or surgery, he should inform the secretary of the American Committee.

Ramon Guiteras,

Secretary American National Committee, 75 West 55th street, New York.

The International Association for Labor Legislation is prepared to offer the subjoined prizes for the best effective means that can be devised for the prevention of lead poisoning in men employed in mining, smelting, and refining lead ores, and in persons who manipulate lead compounds or are otherwise brought into contact with them. A prize of $1,250 is offered for the best treatise on the prevention of lead poisoning in smelting and refining works; two prizes, (1) $625, (2) $375, for similar treatises relating to white-lead works, paint works, manufacture of electrical accumulators, etc.; four prizes, (1) $375, (2) $250, (3 and 4) $200 each, for house, ship, and coach painting, etc.; and four prizes, ranging from $375 to $185, for the best treatise on the prevention of lead poisoning in trades where raw and manufactured

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lead are consumed or handled, as in type foundries and printing offices. The essays must be sent in to the International Association for Labor Legislation, Basle, Switzerland, not later than May 15, 1906.

In view of the number of cases of defective vision found among recruits enlisted at recruiting stations, recruiting officers have been enjoined by the War Department to take special precaution in the examination of the eyes of applicants. Cases were reported where applicants prior to examination had committed to memory the letters on the test cards, thus securing a better rating for sight than that to which they were entitled. To obviate this in the future it has been ordered that the cards for testing vision be kept locked up when not in use, or otherwise protected from access by prospective recruits. In all doubtful cases a small paddle with a hole in it of such size as to expose only one letter at a time should be used.

In order to prevent spread of the bubonic plague from the Mongolian village of Dalai-Nor, situated near the Russian frontier, the inhabitants have been transported to a quarantine station some distance from the railway and the village has been burned. Troop trains bearing soldiers returning to Russia have been forbidden to stop at the station.

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The old question of professional ethics, as applied to advertising by physicians, is agitating the New York County Medical Society. The trouble is due, says an exchange, to a large number of the society's members, including the president, paying to have their names in a telephone directory, in what are declared to be advertisements. It is the unwritten law of the County Medical Society that no physician shall advertise, display a sign telling of the specialty he practices, or even note his work on his professional card. Several of the members of the society are insisting that the offenders be expelled.

Reports from London indicate that the city is suffering from an altogether unaccustomed plague of mosquitoes. A few years ago they were entirely unknown, or made their appearance fitfully in the neighborhood of the docks and Fleet street, coming it was supposed, among the rolls of paper. This summer they are being found all over the metropolis, and not a suburb is free from them. Apparently their bites are very trying to the insular skin, for it is stated that the physicians and hospitals are kept busy treating patients suffering from the effects of the punctures.

Senator Redfield Proctor, of Vermont, in a letter to Dr. W. N. Bryan, of Ludlow, secretary of the Vermont State Tuberculosis Commission, announces that he will purchase a site and erect a sanitarium at a cost of about $50,000 in this State for the treatment of incipient cases of tuberculosis.

Bubonic plague exists at present in an epidemic form on the coast of Peru.

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Petroleum 33%, together with the Hypophosphites of Lime and Soda and Heroin Hydrochlorate.

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Send for Catalogue and fuller information.

HOWARD WINSTON, Sec'y U. Va.

(Culled Largely from the Medical Age.)

Boston is alarmed about the prevelence of typhoid fever on her water shed.

The number of deaths from tuberculosis in England is 60,000 a year; yet it is said there are only 70 sanatoriums with room for 2760 patients.

It is announced that a hospital for epileptics at Moscow, Russia, is to be built at once, with immediate accommodations for 150 patients, and possibility of its enlargement.

The Postoffice Department has issued a sweeping order debarring from the mails a number of Philadelphia individuals and "companies" who pretend to be legitimate medical practitioners and institutions, but investigation of whose business has revealed their fictitious character.

Dr. Thomas John Barnardo, the well known philanthropist of London, who devoted his life to the work of rescuing street waifs in the English metropolis, died September 19 at the age of sixty years.

Prof. William Osler, of Oxford, has accepted the post of Thomas Young, lecturer on medicine at St. George's Hospital, and will give a series of lectures and demonstrations at the hospital next spring on the diagnosis of abdominal tumors.

On August 14 one of the most valuable anatomical collections in the world was lost in the fire which destroyed the medical hall of the University of Pennsylvania. The loss is estimated at $150,000. The anatomic collection cannot be replaced.

Where Our Navy Stands.

Some Timely Considerations, Based on Recent Statistics.

In tonnage, fourth; in battle-ships, fifth; in armored cruisers, seventh; in submarines, fifth; in torpedo-boat destroyers, sixth. Rather a sorry show, but figures will lie. For example, the Japanese are seventh, inferior to Great Britain, France, Germany, the United States, Italy, and Russia (before the catalysm) in number of battle-ships; and yet the Japaese, who are also well to the bottom of the list in torpedo-boats and destroyers, are able to give very good account of themselves on the sea, and in a sea-fight. And in two years the United States will have twenty-five battle-ships instead of twelve, and twelve great armored cruisers instead of two.—"With the Procession," *Everybody's Magazine for October.*

Joseph C. Hance.

Joseph C. Hance died at his country home, Weldon, Montgomery Co., Pa., 5:30 a. m., Monday, November 13, 1905, ten days after being stricken by paralysis, from which he never regained full consciousness.

Mr. Hance was a member of the old firm of Hance Brothers & White, Pharmaceutical Chemists, of Philadelphia. He joined his brother in the business in early manhood and always commanded the esteem of the correspondents of the house. He was a man of retiring disposition, whose general condition of health prevented him from taking part in public affairs, although earnestly interested in all that promised for the good of the community.

A man of generous impulses, he endeared himself to those who came to know him intimately.

For a number of years he has been a director in the Consolidation National Bank, and was a member of the Art Club, Pennsylvania Historical Society, Franklin Institute, Manufacturers' Club and Huntingdon Valley Country Club.

He is survived by a widow and one daughter, wife of Prof. Blake, of Lehigh University.

His funeral took place from his Weldon home.

Gray's Anatomy.—A new and revised edition of the well-known book, "Gray's Anatomy," is shortly to be published. There will be many improvements and additions in this edition it will have 400 additional plates.

Iron Ring from Human Blood.—It is said that M. Barruel, head of the chemical laboratories of Paris, wears on his finger what is probably the most remarkable ring in the world. Having in his time practiced much phlebotomy on human subjects, M. Barruel has systematically extracted chemically the iron from the blood collected. The metal was kept in the shape of minute globules or pearls, and at last the idea occurred to him to have these all welded together in ring form.

"A bad taste in the mouth" (where else could it be?) is often due to butyric acid fermentation in the mouth and stomach; or, practically speaking, the same as rancid butter. Such a bad taste is commonly aggravated by eating rich and sweet foods.—*Medical Mirror.*

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Fracture of the Spine.

(*Annals of Surgery.*)

BURRELL presents a summary of all the cases of fracture of the spine which were treated at the Boston City Hospital, from 1864 to 1905, numbering 244, from which he draws the following conclusions: (1) That fractures of the spine may well be divided into two classes; first, fractures of the spine with injury to the cord, and second, fractures of the spine without injuring the cord. (2) That it is not best to decide what the treatment of an individual case of fracture of the spine should be from the statistics, because the lesion varies so widely. (3) That in many cases of fracture of the spine it is impossible to primarily state whether the card is crushed or pressed upon by bone, blood or exadate, except by an open operation. (4) That only by the persistence of total loss of reflexes complete insensibility to touch and pain, and motor paralysis below the level of the lesion, can total transverse destruction of the cord be diagnosticated. (5) That if pressure on the cord is allowed to remain for many hours imparable damage to the cord

may take place. (6) That unless it is perfectly clear that the cord is irremediably damaged, an open operation to establish the condition of the cord and to relieve pressure is imperative as soon as surgical shock has been recovered from. (7) That in certain cases of fracture of the spine, when the cord is not injured but is liable to injury from displacement of the fragments of a vertebra, restification of the deformity and fixation of the spine may be used. (8) That if the cord is crushed, no matter what treatment is adopted, there will, of necessity, be a high rate of mortality.

A Study of Infection of the Knee Joint.

(*Annals of Surgery.*)

FLINT'S article is bases upon the study of 310 cases of infection occurring in several hospitals during the last ten years. Tuberculous, gonorrhoeal knees, and these, occurring with osteomyelitis, are not considered. Infection occurred in five groups of cases: (a) Clean knees operated; (b) penetrating wounds of the knee joint; (c) primary in the knee without evident port of entrance; (d) in the course of evident infections elsewhere; (e) following some trauma (non-penetrating). He states that by infection we mean the entrance of bacteria into the joint, which event is followed by the cardinal symptoms of such infection, redness, pain, heat, loss of function, temperature, rise of pulse, etc. That there has grown up the idea that whenever a cloudy fluid, which we call pus, is found, the containing cavity should be opened as extensively as possible. That this is a blind method of procedure, which cannot be made to apply universally, however appropriate in the vast majority of cases. That the knee joint has certain germicidal powers and if there are no symptoms of infection the

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joint had better be asperated. Every surgeon has seen knees present the cardinal signs of inflammation in a mild degree but not sufficiently marked to demand reopening of the joint and has seen the symptoms gradually subside and the knee recover. If a joint is to be opened and drained at all the first operation should be radical. He states that three out of every five cases of penetrating injury to the knee joint becomes sufficiently infected to demand operation, and that out of every 22 operations for simple fracture of the palella becomes sufficiently infected to demand operation.

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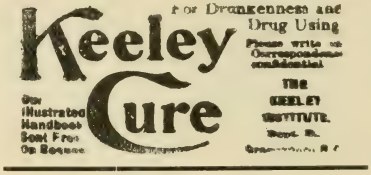
Before operating for pharyngeal adenoids or hypertrophied tonsils make sure that these are not merely an expression of status lymphaticus. If they are, do not employ an anesthetic. Also determine whether the patient is a hemophiliac. If he is, do not operate at all.—*Am. Jour. Surg.*



(*Jour. A. M. A.*)

DRS. POTHIER, HUME, WATSON and COURET, of New Orleans, make this report: They claim to have discovered from a careful study of yellow fever blood, the regular occurrance of certain cells hitherto either unnoticed or not described, which seem to be undergoing developmental changes and which can be demonstrated in the stomach of the recently infected stegomyia. These cells are extra cellular and vary in size from twice the diameter of a pneumoccus to one-fourth the diameter of a red cell. They vary in shape from an ovoid to a sphere. When stained they show, as a class, a highly granular neutrophilic protoplasm surrounding a nucleus, which contains one or more deeply staining chromatine granules. Several forms have been described partly depending upon the duration of the disease. Fifty-two slides of yellow fever blood taken in the first three

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Adrenenaiin in Asphyxia.

Joseph Winters (*Lancet,* June 3, 1905) contributed a paper on experiments which he had made on the action of extracts of the suprarenal gland on the mammalian heart when under the influence of an overdose of chloroform. He had found that, as Lowton and Sherrington had shown, the heart of a cat stopped beating when transfused by a solution of chloroform of strength 1 1-2 per 1000. Dr. Winters

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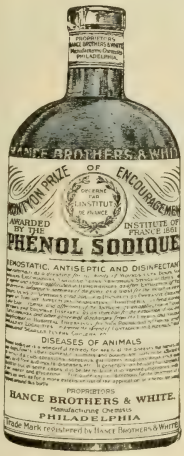

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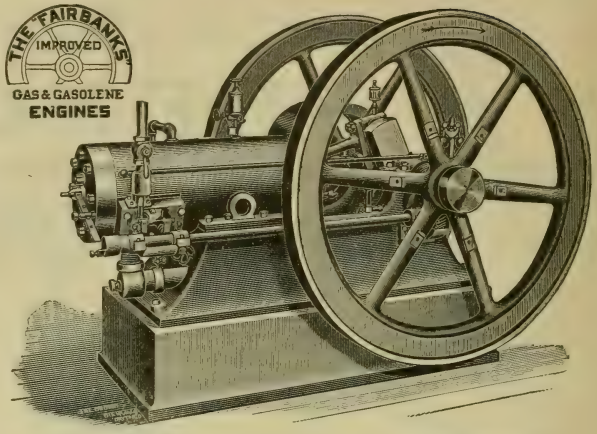

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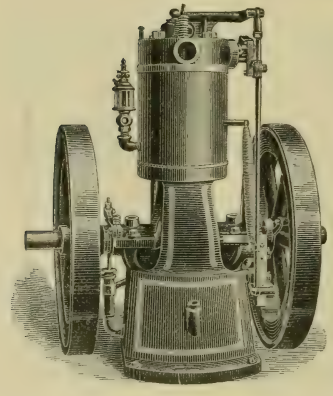

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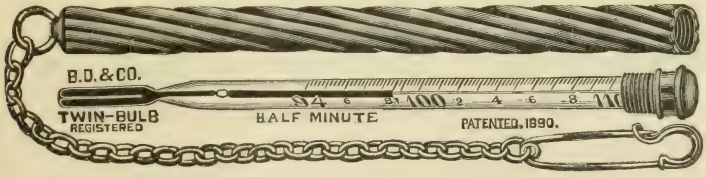

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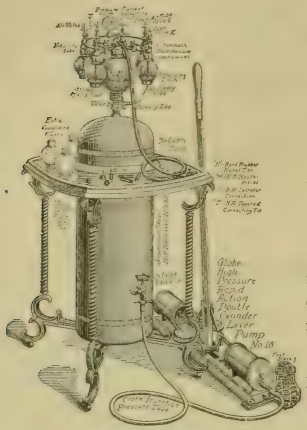

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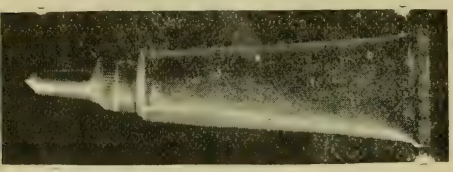

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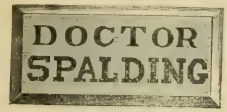

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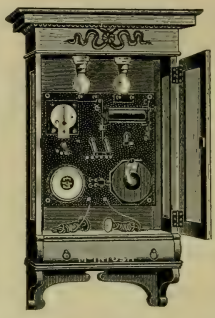

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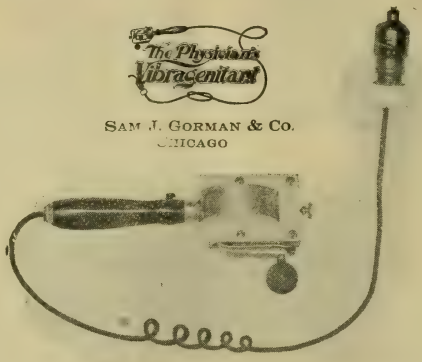

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ORIGINAL COMMUNICATIONS.

Venereal Diseases as a Social Menace.

By J. N. Upshur, M. D, Richmond, Va.—Ex-President and Honorary Fellow Medical Society of Virginia.

Had the writer followed his own inclination, he would never have selected the above subject for public discussion. But your committee having assigned to him its consideration, its great importance from a moral and politico-economic standpoint give such dignity to the great responsibility that it cannot be shirked or evaded.

The fact that it is necessary to consider and discuss such a question is evidence that there is something radically wrong in the basic principles of training in the young of the present day. I am not prepared to say that these days are more evil than the days of old; but the advance of medical science and accuracy of observation have made us recognize and appreciate many things which, in the years precedent, were occult and hidden. That a most serious problem comforts us, every medical man is aware. It involves the far reaching principle of recognition of the weakness of human nature, and consequent license or no license to attempt to restrict the ill results of venereal desire, and summons to testify the stern facts evolved in those places where license and inspection have been faithfully tried; and yet the problem remains unsolved.

The true test of greatness, "that he is greater who rules himself, than he who takes a city," is alas, comparatively rare in its practical illustration, and fails when the animal appetites and passions assert themselves.

All the various collateral conditions

*Read before the Richmond Academy of Medicine and Surgery.

tend to make easy the opposition to wrong doing. The pandering to low tastes by the various popular plays put on the boards, the questionable tone of much of the modern literature read by the young, the incilnation to listen to and relate anecdotes not clean or having a double entendre, all place the mind in a receptive condition for inclination and acts upon which results the contraction of diseased conditions which menace the social fabric.

It is a startling fact that 70 per cent of all cases of sterility are due to pre-existent gonorrhea in the male. The pure and unsuspecting girl who trusts happiness in her life to the man who has won her love, has a right to expect that he shall be as pure and moral as she is. Yet how common is the experience to see the girl's health wrecked soon after her marriage. It is the universal experience of gynaecologists that pus tubes, with all their attendant ills, are most frequently traceable to gonorrhoeal infection; that is probably the most frequent cause of that dangerous condition, ectopic pregnancy; and if she escaped with her life, she is doomed to subsequent sterility, the loss of the highest and most ennobling function of womanhood—childbearing. On the other hand it is hard to understand how any man, knowing that he has been the subject of veneal disease, can be willing to take the risk of being the cause of such serious conditions as I have described. Every dictate of manhood, of exalted honor and integrity demands that he should know, beyond the preadventure of a doubt, that he has been completely cured before he presumes to enter into that Holy Estate. Is it not passing strange to go back a step farther, that men should be willing, for the gratification of an animal appetite to run the risk of the loss of the power of procreation in themselves and inflict such disastrous results on the woman they are sworn to love and cherish? It is bad enough if the evil was confined to the single men, but the community is full of moral lepers, who disregard their solemn marriage vows, and deliberately perjure themselves by their infidelity to noble and trusting wives, often bringing to them venereal disease contracted by some unfaithful act. There can be no penalty too severe for such as these. The impairment of physical strength and functional integrity, no doubt finds its legitimate fruit in shortened days to the offender, but he entails a weakened constitution and increased pedisposition to disease, especially nervous, upon his offspring, and shortened days full of suffering comes upon these innocents. A serious result of all this is an enfeebled race. Let me cite one or two illustrative cases:

Case I.—A young married woman came to me with acute gonorrhoea. She had been married only a few months and was also pregnant. The husband gave the history of infection six months before marriage. She was cured, so far as could be determined. Went the full term and after a protracted and difficult labor was delivered of a feeble child. She had no health after this, but two years afterwards had an ectopic pregnancy for which she was operated on and died a few days afterwards.

Case II.—A young man was married, and one week afterwards his wife was taken seriously ill. After having been sick for six weeks, and having spent a month in a New York hospital, she was brought to Richmond.

She complained of pain in lower abdomen, had irregular temperature, frequently recurring chills, and not improving upon the treatment of the physician called to attend her, she was placed in my hands. Examination revealed a dirty vaginal discharge, and discharge from the cervix and an enlarged pus tube on the right side. The uterus was curetted, and the scrapings, under the microscope, showed abundant gonococci. Under appropriate treatment, she gradually recovered, the tube having fortunately reduced by discharging through the uterus. She has to face in the future the danger of ectopic pregnancy or enforced sterility. The husband, when questioned, gave the history of a gonorrhea 18 months before marriage, the discharge so slight that he doubted if he had contracted the disease.

Case III.—I was called to see a young married woman threatened with an abortion which I was unable to prevent. She had aborted once before at the same period. She had an uneventful recovery, and soon conceived for the third time. She was carefully watched, and I succeeded in carrying her on to the end of the sixth month. Premature labor came on and she was delivered of a foetus which breathed a few times and died. It had most typical and congenital syphilis. The placenta was adherent and most extensively diseased. I now learned, for the first time, that during the first pregnancy she had lost most of her hair; this was the only symptom in her clinical history that I could elicit. She became pregnant the forth time and was immediately put upon antisyphilitic treatment, and it was continued during most of the term of pregnancy. She was delivered at full term of a robust, healthy female child, now an attractive girl nearly full grown. The father denied all history of venereal trouble, but subsequent events proved that the truth was not in him.

Such is the picture of a few cases, and gives food for the most serious reflection. A recent writer says: "Modern science has taught us that in view of its extreme prevalence, its conservation of virulence, after apparent cure, and its tendency to invade the uterus and annexial organs with results often dangerous to life and destructive of the reproductive capacity of the woman, gonorrhea overshadows syphilis in importance as a social peril." (Morow). The welfare of the family underlies the welfare of society, not only so far as the perpetuation of the race is concerned, but that the individuals of the race should be of such unblemished physical condition and consequent rude health as to measure up to the standard of true moral and physical manhood and womanhood.

In syphilitic infection, the foetus is the most immediate sufferer; frequently recurring abortion or still births, an enfeebled child of delicate physique and shortened life. In gonorrheal infection, there are the immediate contamination of the innocent woman, the sacrifice of her life or a lifelong invalidism; the production of sterility or emascultion by the loss of all her pelvic organs; the serious side to her, the disappointment of motherhood which she looks upon as her highest mission in life and craves forever with an indescribable longing; the heredity of infection, we do not know how far it extends; the sins of the fathers are truly visited to the third and fourth generations, and is therefore, an active source of race degenera-

tion. Gonorrhea is prohibitive, its effect in the production of abortion, its causative effect in the production of blindness if the fetus comes to term. Nor is this all—it undoubtedly is a menace in the family, infection coming through use of the same towel, lack of cleanliness of the hands, contamination from immoral servants—all of these are serious problems and the solution most difficult from whatever standpoint we look at them.

We are confronted often with the responsibility of deciding if marriage is safe, and the imperative duty of protecting an innocent woman, if possible. Even here, we are handicapped by the honor of professional confidence, and deprived thereby of remedy if unable to induce the man to a postponement of sufficient duration to be certain of an absolute cure. Even this certainty of cure is a factor of doubt because of the long continued activity of the infective germ of gonorrhoea. The man urges that he has not infected any woman since he considered himself cured. But women of easy virtue possess an immunity to a certain extent as a result of the life they lead, and this does not hold true in the case of pure women.

Even supposing the woman escaped scatheless, the personal factor to the man is to be considered. The fact that there is a strong probability that he is sterile, thus defeating the cherished desire of the woman and the paramount reason for marriage, defrauding her of motherhood; the injury to his health by posturethral, prostatic or chronic vesical disease, secondary involvement of the kidneys and an early death—calamities more dire even than follow the infection with syphilis, which I believe is more amenable to cure. But even here the nervous lesions of the tertiary form are not to be overlooked—manifested by various degenerative changes, gummata in the brain, etc.

But, unfortunately, we do not have to deal with these troubles only in the unmarried. Marital infidelity is, unfortunately, too common, and the innocent wife acquires infection from a husband infected by some paramour. Would that I could command language strong enough to denounce as it deserves the cowardly conduct of these perjured wretches, false as they are to the most solemn oath taken at the marriage altar in the sight of God and man, to the highest dictates of honor and fidelity to the pure woman who has trusted him with her honor and happiness.

In conclusion, the difficulty of remedy by prevention is explained by the fact that the whole matter has its origin in sin, the outcome of which is man's lust and the consequent gratification of unbridled passion. Naught can help but an unrelaxed vigilance in the matter of selfcontrol, purity of thought and action, all sustained and strengthened by the grace of God.

210 West Grace Street.

Quinsy and Its Sequelae.

By John Dunn, M. A., M. D., Richmond, Va., Professor of Diseases of the Ear, Throat and Nose, and Associate Professor of Diseases of the Eye.

"The oldest documents which we possess relative to the practice of medicine are the various treatises contained in the collection which bears the name of Hippocrates." This Prince of Physicians tells us that "quinsy takes place when a copious and viscid defluxion

*Read before the Richmond Academy of Medicine and Surgery, November 14, 1905.

from the head, in the season of winter or spring, flows into the juglar vein, and when from their large size they attract a larger defluxion, and when owing to the defluion being of a cold and viscid nature, it becomes enfarcted, obstructing the passages of the respiration and of the blood, coagulates the surrounding blood and renders it motionless and stationary, it being naturally cold and disposed to obstructions.

"Hence, they are seized with convulsive suffocation, the tongue turning livid, assuming a rounded shape and being bent owing to the veins which are seated below the tongue.

"These veins then become filled and their roots extending into the tongue, which is of a loose and spongy texture, it, owing to its dryness, receiving forcibly the juice from the veins, changes from broad and becomes round; from a soft consistency grows hard, so that the patient would speedily become suffocated."

Two thousand years later, the physician to three kings, the great Ambroise Pare, who in the dedicatory epistle of his chirurgery to "Henry III, the Most Christian King of France and Poland," says with commendable modesty. "God is my witness and all good men know that I have now laboured fifty years with all care and pains in the illustration and amplification of chirurgery and that I have so certainly touched the mark whereat I aimed that antiquity may seem to have nothing wherein it may exceed us beside the glory of invention, nor posterity anything left but a certain small hope to add some things, as it is easy to add to former inventions."

The surgeon, who thus claims to have reached knowledge's sublimest heights, tells us that "the squinancy or squincy is a swelling of the jaws which hinders the entrance of the ambient air into the weazon, and the vapours and the spirit from passage forth, and the meat also from being swallowed. There are thret differenced thereof. The first torments the patient with great pain, no swelling being outwardly apparent by reason of the Morbifick or Glandules hid behind the Almonds or Glandules at the Vertebrae of the Neck, so that it cannot be perceived, unless you hold down the tongue with a Spatula or the Speculum Oris, for so you may see the redness and there lying hid. The patient cannot draw his breath, nor swallow down meat, nor drink; his tongue (like a grayhound's after a course) hangs out of his mouth; and he holds his mouth open, that so he may the more easily draw his breath; to conclude, his voice is, as it were, drowned in his jaws and nose; he cannot lie upon his back, but when lying is forced to sit so as to breathe more freely; and because the passage is stopped, the drink flies out as his nose; the eyes are fiery and swollen, and standing out of their orb. Those which are thus affected are often suddainly suffocated, a foam rising about their mouths."

Three hundred years later we find in the Standard dictionary, quinsy defined as inflammation of the tonsils, especially when suppuative, and in this definition, the Standard is upheld by both Morell Mackenzie and Lennox Brown, the latter of whom says: "The term quinsy implies acute inflammation limited to, or at least, originating in the (tonsil) glands themselves."

The modern American Text-Book on Diseases of the Nose and Throat considers quinsy to be inflammation of the

faucial peritonsillar loose tissue with abscess formation. This latter qualification seems to be necessary to justify the existence of the much used expression "threatened quinsy." Peritonsillar inflammation with abscess formation, for such I shall assume to be the topic called for on this evening's programme, is an affection so common that every practitioner of medicine sees it in his life's work numbers of times.

When one considers the proximity of that mass of exposed lymphatic tissue known as the faucial tonsil, considers its liability to infectious disease, the ease with which during the earlier years of life it becomes hypertrophied, the system's never yielding fight to annihilate this hypertrophy, the wonder is not that peritonsillar inflammation is not an uncommon affection, but that the large proportion of mankind cannot give a personal account of the pain it causes.

Nature's ability to protect an anatomical area in the presence of chronic or repeated acute inflammations in an adjacent area, is to me one of the many evidences that the hand that made us is divine. When, however, this protective barrier has once been broken down and a fresh area invaded by inflammation, ever thereafter the new area has a tendency to become inflamed whenever the original area does, and often without waiting for such an incentive. Witness, for example, how many times nasal mucositis may occur without the inflammation spreading to the nose's adnexed mucous areas, the frontal sinuses, the sphenoidals, the maxillary antra, the middle ear, etc.; but let, just once, the inflammatory process spread into any one of these areas, and see how relatively easy it afterwards becomes inflamed in the presence of a rhinitis.

As in the case of the original spreading of the mucositis from the nasal into the frontal, maxillary or other adnexed mucous cavities, the cause is often to be sought largely in mechanical obstructive conditions, the same may be true in the case of the peritonsillar inflammation.

Tonsillitis, of both the follocular and interstitial variety, is common. Occasionally, the tonsillar inflammation is of such a character and occurs in the presence of such conditions that the anatomical line of resistance is broken through, and the inflammation spreads from the former to the latter. A pathway is thus formed which makes easy recurrence of quinsy possible. In some cases, this separating barrier is broken through by abscess formation in the outermost parts of the tonsil; at times, by the severity of the tonsillar inflammation.

When once the resisting power of the peritonsillar structures has been lessened, the infectious agent for the quinsy may be furnished from a distant source without invoking the tonsillar pathway. As, for instance, when it forms merely a part of the picture of some general disease, as, for example, typhoid fever, pneumonia, tuberculosis, etc.

In a large proportion, more or less large, of cases, it will probably be found true that the tendency to recurrent quinsy has more than mere local significance, and indicates a depraved general condition of the system in the production of which inheritance has played no small part. Sometimes, the questions arise: Is quinsy contagious? Is there a special micro-organism which finds in the peritonsillar loose tissues

the conditions most favorable for its development? I recall in particular two occasions in connection with which these questions came up for an answer. I shall mention one—the other was practically identical:

I was called to see Master A., who was complaining of his throat. I found, besides an inflamed tonsil, peritonsillar inflammation which developed into quinsy. While he was sick, his brother developed quinsy; the house-boy had quinsy and, finally, the mother has peritonsillar inflammation with immense swelling of the cervical glands. The only other child at home, had, at this time, a severe chill and high fever, which ,however, passed off without giving rise to focal disturbance. Why should the infectious agent in four of these five cases seek the peritonsillar structures? Perhaps, in all five cases the micro-organism was the influenza bacillus. This would answer the question as to contagiousness. We must suppose in each of the four cases, the pre-existence of conditions favorable for the development of quinsy, and our other question is answered.

In the vast majority of cases, however, peritonsilar inflammation is secondary to diseased conditions of the tonsil, sometimes to accute inflammation in a healthy tonsil, but far more frequently to acute involvement of tonsillar tissue chronically diseased, thus justifying the English contention that peritonsillar inflammation "originates in the tonsil itself." And the effect of removal of the diseased tonsillar mass in the prevention of the recurrence of quinsy suggests further that this is true.

The clinical picture of quinsy varies with the case and the stage of the disease. Two cases which I recall at this moment, represent the extremes:

Doctor, says Mr. A., I am going to have quinsy. I want you to see if you can prevent it. In answer to the question how he is suffering, he replies: "The right side of my throat is sore, it hurts me to swallow, and it is getting painful to open my mouth. I am generally uncomfortable. It always begins this way."

Examination shows a tonsil with interstitial inflammation. The tissue over the anterior pillar is congested; the tonsil shows suspicious bulging in the region of its central portion. A small knife pushed into this part opens an abscess lying partly in the tonsillar structure, partly external to it. The abscess opened, the severer attack is aborted.

It may be said, this is only a case of tonsillar abscess. Granted, yet the patient seemed intimately acquainted with the horrors of quinsy and claimed the attacks always began this way.

On another occasion I was informed by my servant that "a gentleman that seemed mighty bad off" was waiting for me in the reception room. On entering, I found stretched out at full length on the lounge, a highly impressionable, long legged, anaemic, tuberculous looking youth. "Well," said I, "what's the matter?" A friend with him said: "He can't speak, doctor. He has not spoken for three or four days. He hasn't taken anything, even a glass of water, for the same length of time. They have told him at home that he has got the lockjaw." The lockjaw part of the history proved true enough, for the patient was apparently unable to separate his teeth one-eighth of an inch. He would make no attempt to speak. I managed to get some of the history of the case from his companion, and after

some persuasion, was enabled to see, although imperfectly, the region of the soft palate. A huge abscess occupied the supratonsillar space. This was opened and the lockjaw, in a few moments, disappeared. In this case, there was no definitely inflamed tonsil.

Sometimes, quinsy is ushered in with a chill. Sometimes, no definite history of a chill can be obtained. As a rule, it is preceded by a sore throat, which, as stated above, is represented by one of the forms of tonsillitis. Then comes pain in the affected side of the throat, pain on swallowing, pain in the ear, difficulty in opening the mouth owing to the proximity of the angle of the jaw to the inflamed area; there is a marked increase in the secretion of mucus in th pharynx; the tongue becomes furred; the voice is, as Ambrose Pare says, "drowned in the jaws and nose."

The average patient suffers greatly. The unwillingness of the patient to open his mouth increases with the swelling. I have never seen this reach such a degree that with a little persuasion, I could not get the teeth far enough apart to see the palatal region sufficiently to open the abscess.

As the inflammation increases, so does the redness and swelling. The tonsil is pushed toward the middle line. The cervical glands may become enlarged. Often, the uvula becomes markedly oedematous. They may or may not exist some marked tonsillitis. In one case pus formation takes place slowly and the accompanying inflammation causes pain. In another, it takes place rapidly and causes relatively little suffering. As a rule, the abscess ruptures from the fourth to the eighth day, and afterwards, the symptoms rapidly subside.

Of the complications and sequelae of quinsy, of late years little has found its way into the medical writings at my command. From my own experience, I have nothing to report. Occasionally, we hear of suffocation following rupture during sleep, of an immense quinsy abscess. Some few cases of disastrous bleeding from the abscess cavity, due, in all probability, to the erosion of some artery's sheath, have been reported. From time to time, a general phlegmonous condition involving the lower pharyngeal and laryngeal structures occurs. These conditions are, however, rare and has each, its own distinguishing symptoms. Judging from the writings of the older medical authors, severe phlegmonous inflammations of the pharyngo-laryngeal regions—and all classed by them under the general head of quinsy—seem to have been common or, if not common, at least so fearful in their manifestations as to make an indelible impression upon the medical attendant and to call forth from his pen the most forcible and lurid descriptions of which it was capable.

314 East Franklin street.

The Evils of Insufficient Mastication.

Those who have found it necessary to lavage the stomach of patients have noticed the very common want of a thorough division of the food by mastication, as shown in the large particles of food of all kinds which are found in the stomach of the average individual. This entails an enormously increased work on the digestive organs and one of the salutary lessons of the stomach tube to the patient is to show him the evils of insufficient mastication.—*The Medical Counselor.*

SELECTED PAPERS.

The Prophylaxis of Lobar Pneumonia.

By J. M. Anders, M. D., LL. D., Philadelphia, Pa., Professor of Medicine and Clinical Medicine at the Medico-Chirurgical College of Philadelphia.

Pneumonia being the most dreaded of all human diseases owing to its unparalled death rate and universal prevalence, obviously its prevention becomes a subject of first importance.

The natural methods of diffusion of the pneumococcus are somewhat obscure, so that the prophylactic measures to be advised and encouraged are more or less empirical, but many of these have assumed importance in view of our increased knowledge of the principal ways in which the sputum of pneumonia patients, and doubtless the most common mode of infection is by invasion through the respiratory tract. Implantation may result either from the migration of the specific organism contained in the secretions of the upper air-passages down to the alveoli at a time when immunity is reduced, or through the inhalation of particles of dried, pneumonic sputum floating in a dusty atmosphere, or finally in the act of coughing, salivary droplets may convey the virus to the bystander or attendant. Unquestionably, the virus is transmitted from infected persons principally by the dried sputum, and there can be no doubt that it is often harbored in the nasopharynx of healthy persons, and in private houses and institutions previously occupied by pneumonia patients. It may be safely assumed that direct transmission of the virus (contagion), as exemplified by house epidemics, occurs in some instances at least. My own investigations into the subject lead to the inference that the incidence of the disease is much influenced by indoor conditions more particularly such as obtain during the cold season.

As elsewhere stated, "may not the higher incidence of pnumonia in winter and spring be due not so much to the direct effect of the low temperature, augmented barometric pressure and velocity of the winds, as to the closer confinement of the populace indoors, in the stagnant air of living-rooms from which the sunlight is excluded, and which tends to lower vitality and decrease resistance on the one hand and to favor rapid multiplication and increased virulence of the specific poisons on the other."* Exclusive of epidemic outbreaks, there is an evident tendency to a preponderating prevalence of the disease in overcrowded districts and among the impoverished classes. My earlier collective investigations showed that the average mortality rate for four years in New York (considering the eight wards which are most densely populated), is 18 per cent.

"The Fourth, Sixth, Seventh, Tenth, Thirteenth, Fourteenth and Seventeenth wards of New York City were embraced in this estimation. In contrast with the figures just given, eight wards, representing the most sparsely settled portions of the city of New York (*e. g.*, First, Fifth, Eighth, Ninth, Fifteenth, Sixteenth, Eighteenth and Nineteenth) gave for the same period of four years an average mortality of 14.3 per cent. It was ob-

*Read before the American Therapeutic Society, Philadelphia, May 5, 1905.

*"Meteorologic Conditions in the Causation of Lobar Pneumonia." American Medicine, Vol. VIII, No. 10, p. 407 to 415, September 3, 1904, by the writer.

served in the compilation of these mortality statistics that an elimination of the epidemic periods would make the difference in percentage dependent on the population somewhat greater."*

The epidermiologist has properly emphasized the fact that the conditions necessary to the well-being of the specific organism are to be found in the densely populated centers of the more highly civilized communities and especially during seasons of low temperature, but like other acute infections that prevail epidemically, pneumonia shows a wave-like character on comparing different years for the same locality. It must be confessed that the medical profession is sadly in need of definite knowledge bearing upon the extracorporeal phases of the pneumococcus and its transmitting agencies. That absence of sunlight and abnormal dryness of the atmosphere, however, favor diffusion of the virus, is highly probable.

On the other hand, the question of individual predisposition confronts us and also calls loudly for a proper answer. Says Wells,* "that the increased prevalence of pneumonia is due to any general deterioration of the resisting powers of the populace to morbid infections, is disproved by the fact that the average duration of life has been distinctly lengthened during the period of years covered by our inquiry."

This position, however, is scarcely tenable for the reason that while there is on the whole greater physical efficiency and a higher bodily standard as well as a notable decrease in prevalence and fatality of most infective diseases, *e. g.,* phthisis, diphtheria, malaria and diarrheal diseases, there has been an increase in incidence of pneumonia, cancer, affections of the kidneys and cardiovascular degenerations, fatty and fibroid. The increase in the prevalence of the degenerations—myocarditis, arteriosclerotic changes and kidney diseases—within the last two decades has been quite notable; and I* have elsewhere adduced figures which furnish strong presumtive evidence that these rank as potent, predisposing causes of lobar pneumonia. I am not prepared to deny that the pneumococcus has become more prevalent, probably more virulent, or that our opportunities for encountering the germ have been multiplied and that each of these factors is contributory to the increased prevalence of pneumonia. It is well-known at present writing that the pneumococcus is commonly found in the nasopharyngeal secretions of healthy persons for long periods of time, and that one or more of the usual predisposing conditions may render the specific organism infective or pathogenic. Wells examined the secretions from the respiratory passages, oftenest from the throat, in 135 persons, and found the pneumococcus present in 62 or 45 per cent. Says this writer, it is obvious that the "pneumococcus-laden secretions from these parts extruded in such manner that they find entrance, as spray or dust, into the respiratory passages of other and unaffected persons." It is only necessary for such healthy persons to develop predisposition, which may be brought about by expo-

* Jour. American Medical Association, May 9, 1903, p. 1291.

*"Prevalence and Prophylaxis of Pneumonia," Jour. Amer. Med. Ass'n., Feb. 4, 1905.

*"Social Conditions in America in their Relation to Medical Progress and Disease," Jour. Amer. Med. Ass'n., May 9, 1903.

sure to extreme heat or cold, acute or subacute catarrh of the naso-pulmonary tract, or as the result of alcoholism and various degenerations already mentioned, in order to excite bacterial invasion of the pulmonary tissues and thus produce the pneumonic process. It is to be recollected that the bedclothes, garments, carpets or furniture may become soiled with pneumococci-bearing sputum not only during an attack of pneumonia but also during health, and more especially by those suffeing from coryza or acute bronchitis.

From the foregoing facts it is clear that the most efficient prophylaxis for pneumonia in the present state of our knowledge must have reference to the accomplishment of four main objects: (1) To overcome individual predisposition; (2) the prompt and thorough disinfection of the sputum and secretions of the upper respiratory tract; (3) isolation of the patient especially from the debilitated, and disinfection of the sick room together with its contents after death or recovery, and (4) the observance of certain public measures.

1. This embraces protection of the body from extremes of temperature and dampness, by means of woolen underclothing. On the other hand, excessive clothing is to be avoided. While prolonged exposure during the cold, inclement seasons is fraught with danger, careful, judicious "habituation of the body to cold air and cold water" becomes at once an efficient and successful prophylatic measure. In the various degenerations referred to, which are slowly but steadily progressive as a rule, our efforts must be directed toward the maintenance of the highest degree of nutrition attainable. This remark applies with peculiar force to aged persons, who are peculiarly susceptible to the pneumococcus. The aim should be to improve the general condition of the patient principally by hygienic and diatetic means. The environment should be made as favorable as possible; an out-of-door life in a favorable climate, an abundance of nutritious and easy digestible and assimilable food, are required first of all. On the other hand, irregular habits of body, immoderate exercises of mind, worry and passionate emotions and appetites should be regulated and alcoholic drinks avoided. Granting that the augmented prevalence of visceral degenerations, particularly of the cardiovascular system and the kidneys, is responsible to an extent for the greater incidence and morbidity of pneumonia, it is clear that efficient prevention must begin with a correction of the mode of life of the American populace. In other words, we are living in an era characterized by undue devotion to business activities, by excesses in society affairs, and club life—social conditions on which cardiovascular and renal degenerations largely depend. In my opinion the weak and debilitated should employ a suitable tonic composed of strychnine, quinine and gentian during the pneumonia season—winter and spring. It is equally important that this class of patients be not unduly exposed to cold or dampness following bodily fatigue, is vitally important. Existing catarrhal affections of the respiratory tract should be actively treated without delay, especially during the cold seasons. All obstructive lesions of the nose should be removed. In this way mouth-breathing during sleep, which favors migration of pneumococci

and other organisms from the throat to the air-cells, is minimized.

In this connection too much stress cannot be laid upon the importance of constant and systematic ventilation of the living and sleeping apartments. As before stated, there is a tendency to a preponderating incidence in overcrowded districts and among the impoverished classes whose illy ventilated houses favor the rapid multiplication and increased virulence of the pneumococcus. Per contra, it may be safely affirmed that the poison is attenuated or weakened in summer by the free circulation of air when the windows and doors of dwellings are kept open. This fact explains, in part at least, why the number of cases diminishes annually during the spring and summer months, reaching the minimum prevalence in the month of August. Lack of ventilation also lowers resistance, particularly among those who seldom take the air. Although science is unaware of any role played by insects in the transmission of the pneumococcus, yet from what is known on other grounds it is well to exclude them from the sick chamber.

2. The prompt and thorough disinfection of the sputum and secretions of the upper respiratory tract. Mention has been made of the fact that the penumococcus is present in the secretions from the nose and throat of nearly one-half of the urban populace. The sputa of all persons also contain a considerable variety of pathogenic germs. There can be no doubt that the advent of smooth, asphaltum pavements has been productive of clouds of dust hitherto unknown, and these obviously favor the diffusion of specific micro-organisms. D. H. Bergey* has maftmafmtaf cmfwyptamfwy mfwy ce emphasized the effect of dust in lowering the vitality of the mucous membranes of the respiratory tract and thus facilitating the invasion of these tissues by the bacteria when inhaled subsequently. The modern "machine," or automobile, stands at the very head of our dust-producing methods of transportation. It follows that more thorough and efficient cleaning, coupled with regular, daily, sprinkling of the streets is the best mode of safeguarding the public from the baneful influences exerted by a dust-laden city atmosphere. In all municipalities street-cleaning should be attended to by the health authorities whose experience and training enable them to appreciate the danger to the public health of dirty, dusty streets.

A prophylactic measure against pneumonia and other diseases of the respiratory tract is rigid cleanliness of the nose throat and mouth. This should be followed by the application of a mild disinfectant solution, but the latter is never to be employed to the exclusion of previous cleansing of these cavities of any accumulations of secretion that may be present—a prophylactic measure of the utmost value and one that should be universally practised. Says Wells, "when it has been demonstrated that the nasal, pharyngeal, and oral secretions contain the pneumococcus, efforts at cleanliness of these cavities must be particularly well directed and maintained."

The sputum should be thoroughly disinfected and then promptly destroyed by burning. The patient must be instructed to expectorate into a spit-cup or other suitable receptacle

* "Neglected Prophylactic Measures against Diseases of the Respiratory Tract," Medical News, September 5, 1903.

containing an efficient disinfectant, *e. g.*, a five per cent solution of carbolic acid or a solution of mercurial chloride (1/2,000). Finkler* recommends the following method of sterilizing pneumonic sputum: Into the spit-cup is poured a solution containing three per cent each of caustic potash and borax, which is colored red by a trace of phenolphthalein. In this alkaline solution the sputum is completely dissolved. There is then added enough of a solution of hydrochloric acid and corrosive sublimate (strength not stated) to decolorize the red alkaline solution, and when this has taken place the cup is emptied. Certain writers have recommended that the sputa be discharged upon rags, which are to be burned before they become dry. I do not advise this method of collecting the expectoration inasmuch as it affords opportunity for soiling the bed and body-linen as well as other objects, and thus facilitates the dissemination of the pneumococcus. The sputum that clings to the mouth, teeth, or mustache of the patient, as well as that which may accidentally soil the body or bed-linen at the time of expectoration, should be wiped with cotton or other suitable cloth, moistened with a disinfectant solution and then quickly burned.

In the case of pneumonic patients and in those known to harbor the pneumococcus in their respiratory tract, Wells recommends that a protective cloth or other suitable filtering material should be worn over the nose to prevent accidental transference of the virus by the acts of coughing and sneezing. At all events, a cloth moistened with a disinfectant solution should be held before the nose and mouth during the act of coughing or sneezing, so as to prevent the emission of the pneumococci-laden salivary droplets into the surrounding atmosphere. In this connection the assumption is justifiable that universal and thorough sterilization of pneumonic sputum would be followed by a lessened incidence of the disease within a brief period of time. Unfortunately, the medical profession has not as yet been aroused to a realizing sense of the immense importance of this prophylactic measure, and it is a reproach to that guild, of which we are justly proud, that the known means of prevention are either neglected or too carelessly enforced. It is perfectly feasible to adopt a line of procedure that will diminish the prevalence of this highly mortal disease. I consider the question of thorough disinfection of the sputum, the bed and body-linen the mattress and room occupied by the pneumonia patient a prime requisite, but I have a fixed belief that these matters, like the sputum, do not receive the rigid care and attention which they richly merit by the average general practitioner, and it may require municipal regulations to carry out certain measures that are more or less preventive of the spread of the disease. This brings up the question whether or not pneumonia should be classed as a notifiable disease. The desirability of placing pneumonia on the list of returnable diseases has been maintained by certain writers, and I feel justified in assuming that this course would be the means of cutting off avenues of transmission of the poison and probably the arrest of extensive epidemic prevalence of the disease. This recom-

*Quoted by F. P. Henry, Philadelphia Medical Journal, February 14, 1903.

mndation, however, implies a bacteriological diagnosis in all instances.

3. From what has been stated regarding the importance of sterilizing pneumonic sputum, it follows that isolation of the patient must form an active prophylactic factor. Pneumonia obeys the laws of acute infectious diseases and there is incontestable proof that it is feebly contagious. B. Robinson* and other recent writers insist upon the fact that the pneumococcus is directly transmissible. The occurrence of house epidemics is not uncommonly observed, and it is probable that this form is spread by contagion. After leaving his sick chamber, the room occupied by the patient should be carefully fumigated. It is vitally important that the bed and body-linen be frequently changed during the course of the attacks, and upon removal from bed, boiled for half an hour. The sputa quickly become desiccated and form a source of contamination of the house air, floors, sidewalls and furniture. Such rooms are centers of infection to the debilitated or even to healthy persons whose resistance is temporarily lowered, and should be thoroughly fumigated with formalin after the patient recovers. Finally, it is obvious that united intelligent effort on the part of the profession, would successfully cut off this the principal channel of communication between the sick and the healthy for the pneumococcus.

4. Public health authorities could accomplish valuable results by issuing rules which should govern the management of cases of pneumonia, and the best means of preventing the transmission of the disease. In particular, attention should be drawn to the question of systematizing the details connected with the subject of the prevention, and also stating simple, plain facts about the way in which the disease is spreading. I should strongly favor the scheme of placing appropriate printed matter in a form suitable for preservation in the homes of the people at the beginning of the pneumonia season, and mural placards should be advised and encouraged. Of course, all practitioners of medicine should be provided with copies of these rules, and it should be obligatory upon them to carry out the instructions of the health authorities. Surely, the matter is of sufficient importance to compel the most serious attention to the subject not only on the part of the profession and sanitary boards, but also of the laity.

It should be definitely understood by the populace in general that the heavier alcoholics are toxic in their effects, lowering the vitality and thus inviting infection during the pneumonia season. Vital statistics leave no room for doubting that the disease caused by alcoholism, such as chronic infections of the kidneys, blood-vessels, heart, and cirrhosis of the liver, all predispose markedly to the fatal malady under consideration. Besides these, there are many questions connected with the subject of individual predisposition to which State and municipal boards of health should seriously turn their attention with a view to enlightening the general public.

There is another important element to consider: I refer to the more efficient ventilation of our office buildings, theatres, courts of justice, manufacturing establishments, churches, public schools and passenger and street railway cars. In all of these places, in which persons habitually congregate

*Lancet, April 16, 1898.

in large numbers, and infectious diseases are propagated by the stagnant, impure air, protection of the public against the grave danger of contracting pneumonia and other infectious diseases should be provided by boards of health, to which should be given unlimited powers.

As stated above, it should be the duty of Bureaus or Boards of Public Health to look after street-cleaning and street-sprinkling, and to them should be given full executive authority. It requires no lengthy argument to indicate conclusively that this important work naturally forms a portion of the sanitary administration of our municipalities. For example, the extent to which the public is compelled to inhale bacteria-laden dust in our public highways in Philadelphia, should not be permitted to continue without a strong protest by the local medical profession and hygienists. The sanitary requirements of a city can only be met by a system of street-cleaning and automatic sprinkling under the immediate control of specially trained health authorities.

In conclusion we must look to the possibility of a successful municipal control of an effective prophylactic system. Nothing like a full consideration of this aspect of the subject can be given in the present article. It offers many difficulties, but the arguments of greatest weight are on the side of rules and regulations to be enforced by municipal and State health authorities. And I would urge upon my hearers that the subject of the need of systemic effort to control the spread of this dread disease, has come before the medical profession for immediate consideration and action. Viewed from an economic standpoint alone, a great saving would result from a proper system of laws and regulations providing for simple but rigid means of safeguarding the individual, the family and protect against the spread of the disease.

The *status proesens* of medical science with reference to the subject under consideration and the facts presented in the above discussion of the same warrant a few inferences:

1. The prevalence of influenza during the last fifteen years has brought about an increased receptivity for and incidence of the pneumococcus infection.

2. Certain degenerative lesions, especially of the cardiovascular system and the kidneys, have shown an increased incidence during the last two decades; and these are found to be associated or antecedent conditions in the majority of cases of pneumonia, hence are probably potent, predisposing factors.

3. The indoor conditions during the cold season favor multiplication and propagation of the pneumococcus and at the same time tend to diminish resistance to infection by the specific organism.

4. The aged are peculiarly susceptible to pneumococcus infection, hence their bodies should be kept as strong and healthy as possible, especially during the pneumonia season.

5. To overcome the predominating factors in individual predisposition, special attention must be paid to the subject of ventilation, to appropriate clothing, and the avoidance of agencies that cause degeneration of the heart, blood-vessel system, and kidneys, as alcohol, social excesses, an overstrenuous business or professional life, and the like.

6. The sputum is the principal source of infection and should be thoroughly disinfected so soon as it is expectorated, and then destroyed by burning.

7. A large proportion of the general populace harbors the pneumococcus in the nasopharynx, and this is especially true in families and institutions in which cases of pneumonia have occurred, hence thorough cleanliness and systematic disinfection of these chambers should be carried out during the pneumonia season, more particularly in the case of persons more or less exposed to the virus of the disease.

8. Means to prevent dust from accumulating and its daily removal from home and the city streets, are imperatively demanded.

9. Public health authorities should be given full executive power to carry out rules and regulations relative to pneumonia looking to the prevention of its spread, as in the case of other infectious and contagious diseases; they should also carry on a campaign of public education.

10. Measures of prophylaxis must accord with intelligent public opinion before they can be rendered wholly efficient either by municipal or private authority.—*Medico-Chirurgical Journal.*

ABSTARCTS.

Perforation in Typhoid Fever.

(*Journal A. M. A.*)

HARTE gives the following as his conclusions in regard to perforation in typhoid fever:

(1) Perforation of the bowel in typhoid fever is a much more common condition than is generally supposed, being responsible for about one death in every three cases. (2) The most common time of perforation is between the fourteenth and twenty-first day of the disease, and occurs in all grades of severity, from the ambulatory to the hemorrhagic type, and does not seem to be any more common in the hemorrhagic than in the milder types of the disease. (3) The ileum is the most frequent site of perforation, in the majority of instances the perforation occurring within 12 to 18 inches of the ileocecal valve. The next most frequent sites of perforation are the appendix and the cecum. (4) In a large percentage of cases pain is present, although it may be transitory in character. In about one-half of the cases the onset is sudden, severe, and with increasing intensity, localizing itself in the region of the right iliac fossa. (5) Tenderness and rigidity are present to a certain extent in all cases. The latter symptom I regard as a most valuable sign, and it is never wanting except in patients with unusually large and pendulous abdomens. (6) When perforation is suspected the temperature should be taken every hour, as it is only in this way that definite conclusions can be drawn with regard to any marked variation in this symptom. (7) distention is a late symptom of perforation, usually not making its appearance until some hours after the perforation has occurred. The obliteration of the liver dullness is not regarded as a reliable sign of perforation. (8) The study of the leucocytes is of little aid, although occasionally their increase may make you more positive of the

diagnosis. The differential count is of no practical value. (9) Before a positive diagnosis is made, pain caused by a pleurisy, pneumonia, cholecystitis, acute gastro-intestinal indigestion, iliac thrombosis, appendicitis, peritonitis, the passage of a renal calculus, distended urinary bladder, or even a hemorrhagic exudate into the abdominal muscles, must be carefully considered. Any of these conditions may cause symptoms similar to those caused by intestinal perforation. (10) Nature may occasionally close one or more perforations, but the only rational procedure where perforation occurs is surgical intervention. No case is too desperate for an attempt, as it has not infrequently been noted that the mild cases succumb and and the more desperate ones recover. (11) In cases of doubt where the symptoms point to perforation, the safest procedure is to operate. As a rule, cases operated on and no perforation found seem rather to be benefited than otherwise by the operation. (12) When the diagnosis has been made, I know of no condition, except possibly that of hemorrhage, where speed in operating is so important a factor in securing success as it is in intestinal perforation. Everything should be carefully prepared beforehand and all conditions considered, so that when the knife is once taken in hand things may move with rapidity and without interference. In too many instances it is a race with death and there are often anxious moments when it is questionable which will win, yet in only 5 reported cases has death occurred before the operation was completed. A death on the table is always a most distressing occurence in surgery, but doubly so if the surgeon has in any way to blame himself for delays which might have been prevented by care and forethought.

Chronic Ulcer of the Stomach and First Portion of the Duodeumn.

Jour. A. M. A.)

William J. Mayo states that chronic ulcer of the stomach is a very much more frequent disease than clinicians would lead us to believe, the autopsy findings being from 3 to 11 times as great as the clinical findings. The occurance of ulcer seems to be more frequent in Europe than in America. Out of 231 cases of gastric and duodenal ulcers in Mayo's series, the duodenum was involved 74 times. He divides gastric and duodenal ulcers into two clinical classes, the indurated and the non-indurated. In the former the diseased area is a thick, milky-white patch, easily identified from without the gastric or duodenal wall. The non-indurated ulcer, termed medical or clinical ulcer, involves only the mucous coat and in the typical case prolonged search of the interior of the stomach may be necessary to find the diseased process. He states that the history of successful gastric surgery is not more than five years old, and the best of it not over two years duration. That most surgical questions connected with chronic ulcer arise from interference with good stomach drainage, the method of relief which has the largest field of usefulness consists of gastro-jejunostomy made on a line perpendicular with the cardiac orifice of the stomach. The opening must be placed on the posterior wall, at the very bottom of the gastric cavity. The line of gastric opening should be that of Moynihan, oblique from above down and left to right. The jejunum should be anastamosed within three inches of its

origin so that there shall be no loop. He believes that the loop has been responsible for the greater part of the evils arising after gastro-jejunum ostomy (vicious circle). He states that he is doing no kind of surgery today which gives better results in properly selected cases than in the field of chronic gastric and duodenal ulcers.

A New Method of Orthrotomy for Old Dislocations of the Shoulder, Based on Experience in the Radical Breast Removal.

Surgery, Gynecology and Obstetrics. Andrews states that he has always disliked the operation for old unreduced dislocations of the humerus, as performed by Ollier, Lister and others, as being risky, uncertain, and too bloody. He states that many serious and fatal accidents have been reported in the efforts at bloodless reduction, about fifty cases being reported, mostly fatal. That some old shoulder cases are easily reducible by manipulation, but that the majority of cases present the choice of three courses of management: (1) Leaving unreduced; (2) Resecting the joint or head of the humerus; (3) Orthrotomy, or reduction by cutting operation. The majority have such pain or paralysis from pressure of the head on the brachial plexus, that some interferance is demanded. Resection of the head gets rid of this pressure, and the functional result of a false joint is often surprisingly good. The older incisions for osthrotomy separated the fibres of the deltoid and came down upon the empty capsule, while in his operation the incision is from the clavicle downward across the front of the shoulder into the axilla. The pectoralis major is cut transversely near the insertion and laid over with the skin flop, thus exposing the axiliary vein and brachial plexus. The vessels and nerves are carefully separated from the adhesions, no efforts at reduction should be made until they are isolated and pulled aside. The shoulder should now be reduced by Kocher's method combined with ordinary traction and manipulation. The author has also a hook which he places around the surgical neck of the humerus which greatly simplifies the reduction. The muscle is reunited by the Harris tendon suture. Drainage should be used for several days.

Serum Treatment in Exopthalmic Goitre.

Sidney Kuh read a paper, "Personal experience with the serum treatment of exopthalmic goitre," before the joint meeting of Chicago Medical and the Chicago Neurological Societies (Medicine, September 1905) in which the detailed treatment of eleven patients is given. The first patient was treated in 1900 and had at the time of reading the paper (March, 1905) remained in good health for two and a half years without the use of the serum. Charts showing the pulse rate and the patients weight while under treatment are given and they make a graphic picture of the conditions existing. Dessicated serum was used occasionally but the serum proper was considered the better. Ten of the patients have been treated within the last eleven months. Strichnia and tinct. strophanthus were also used with most of the patients treated.

There was marked improvement in the patients treated. The author's recapitulation is given below:

"My experience has not been sufficient to justify me in making any

statement as to the curative effect of the serum. I do believe, however, that I am justified in saying that the serum is an excellent palliative, at least; that it is not an infallible remedy is very true. We know of one case in which the effect of the serum was temporary only, and in which event while the patient continued the serum the disease grew worse. One thing is very striking, and that is the marked change in the subjective condition. Within a few days after taking the first dose of the serum, every one of these patients would tell me that they felt much better; they were less nervous; appetite was improved; and there would be other changes at that time purely subjective in character. The remedy influences the pulse probably as much as anything that we employ in the treatment of tachycardia in exopthalmic goitre. It has, if I may judge from this series of cases, a better influence on the patient's weight. Every one of them, with the exception of Case 9, continued the usual mode of living. None of them were put to bed: most of the continued their household work just as they had done before. To this there is only the one exception. Case 9 stopped work when the treatment begun, and did not return to work for some weeks after that. I do not consider it very probable that the results from the serum can be permanent: it does not seem so theoretically. The probabilities are that these patients will have to continue taking serum, or we will have to repeat treatment from time to time, if we want to obtain anyhing like permanent results. In one case, the first described this evening, the patient has been without serum for quite a long period, for two and one-half years, and has remained in very good condition all that time; but I doubt very much whether she will remain so unless she occasionally takes a few doses of the serum."

The After-Effects of Diphtheria on the Heart.

(*Jour. A. M. A.*)

White reaches the following conclusions based on a clinical study of 78 cases of diphtheria with heart complications after their discharge from the Boston City Hospital:

1. The cardiac disturbance after diphtheria usually presents the picture of a mitral insufficiency with irregular heart action and few symptoms. Occasional cases have rapid pulse or cardiac irregularity without any other signs.

2. Moderate disturbance of the heart is very common after diphtheria and in a large number of cases persists from two to six months after the original illness.

3. In many cases the cardiac lesion does not clear up in the first half year, but lasts much longer; some ultimately recover; others probably do not. The duration of the heart trouble is usually in proportion to the severity of the original illness.

4. The fact that children often have few heart symptoms after diphtheria must not mislead us as to the importance of the injury to the heart.

5. Cardiac disturbance of long duration following diphtheria may be entirely recovered from. It is not necessary to give up hope of recovery in individual long cases.

6. The treatment of this condition consists in a sufficient period of rest in bed, and then in watching the effects of mild exercise on the heart for several months at least and grading it to meet individual requirements.

Abortion and Its Treatment.

WILLIAMSON writes of this subject (New England Med. Monthly, Oct., 1905) in detail that part relating to treatment being used here. Be sure of your diagnosis, which is not always easy when the patient happens to be unmarried. Sudden menstruation after a period of cessation, severe pain and passing of clots are pretty sure signs of an abortion. First put the patient to bed. Give hypodermics of morphine and strichnine, move bowels with saline or enema. If hemorrhage continues and abortion is inevitable, prepare to empty uterus as quickly as possible, and the quickest was is too slow. His modus operandi is given as follows:

"Do not even wait until morning if occurs at night and I advocate curetting in every case as the safest way out of the trouble, because you can't ever be sure that the abortion is complete until you enter the uterus. Many a woman has gotten up from an abortion with health impaired when it offered to the intelligent physician an opportunity to relieve her of all her pathological conditions. Now, I shall give you the details of my operation, for carrying out the details is where you can make it a complete success. Give your patient an enema and wash out bowels clean. Have your instruments made perfectly clean by boiling and wrapped in an aseptic towel and then immerse in five per cent solution of carbolic acid. Have your cloths, towels and gauze all sterilized. Get your hot water ready, having previously been boiled and strained through antiseptic cloth. Prepare your hands and now scrub out patient's vulva and vagina with hot water and soap, with 1-5000 bichloride solution, then irrigate the vulva and vagina with normal salt solution. Now you are ready to dilate uterus. Completely overcome all muscular resistance and take your curette, a sharp one at that, and completely curette every vestige of loose material out of uterus and wash with water till water comes back clear, and then put an antiseptic pad on over the vulva and renew as often as needed. Disturb your patient no more and in about ten days she will get up and be well, and if you have corrected a displacement you should confine her to bed for longer period and she will then get up in a condition fit for future pregnancies. I have purposely left out the complications because there should be none; they are entirely preventive."

Constitutional Treatment of Syphilis.

SYCLE gives the following as the advantages of the injections of salicylate of mercury over the other methods of treatment: First of all, it will not and does not form an abscess, as would be supposed. They are applicable in all stages of the disease. Secondly, they are quick and sure in action. Thirdly, they are more scientific and accurate, and we know just the amount given. Fourth, the skin and gastro-intestinal tract are relieved of any irritations. Fifth, economy to the patient and ease of administration. Sixth, they enable us to control the patient. Seventh, they only have to be given once a week, due to the insoluble properties and slow absorption of the drug. He administers a grain and three-quarters of the drug, suspended in thirty minims of liquid benzoinal or albolene once a week, into the muscles of the gluteal region, back, chest or calf of the leg.

Open Wounds and Scarlet Fever.

HERRMAN calls attention (Arch. Pediat., Oct., 1905) to the danger of infection of scarlet fever through open wounds to those immune from contagion through ordinary channels. After giving extracts from other authors and detail historics of two cases (patients) of his own he gives the following as a summary:

(1) Cases of scarlatinal infection through open wounds have the following characteristics:—(*a*) The period of incubation is short. (*b*) There is a characteristic change in the appearance of the wound following infection. (*c*) The neighboring lymph nodes become enlarged. (*d*) The rash usually (but not necessarily) begins at the point of inoculation. (*e*) The throat symptoms are mild. There is no exudate or marked involvement of the submaxillary glands. (*f*) After the rash has reached its height, the wound improves rapidly in appearance. (*g*) Desquamation usually (but not necessarily) begins around the wound.

(2) Extrabuccal infection with scarlet fever is probably more frequent than is generally supposed. It should be looked for in cases in which (*a*) The period of incubation is unusually short. (*b*) The throat symptoms slight. (*c*) The rash makes its first appearance in an unusual location.

(3) All children exposed to scarlatinal infection should have open wounds (including vaccination) covered by a protective dressing.

(4) The period of incubation in scarlet fever depends on (*a*) The virulence of the contagious material. (*b*) The receptivity of the individual. (*c*) The portal of entry of the infectious material.

(5) An individual who is immune to infection in the ordinary way, may contract the disease by direct inoculation.

Ocular Origin of Migraine.

GEO. M. GOULD, in a paper read before the American Academy of Opthalmology and Otolaryngology (Jour. A. M. A., Oct. 28, 1905), alludes to the confusion in medical minds by the use of the terms migraine, megrim hemicrania, etc. The terms are misleading and no two authors understand the same thing by the word. There is no typical case of migranine. No two cases are alike because its origin is in eye strain and is of a thousand different kinds and intensities, and again vision is bound up in some way with every physiologic function, united with every nerve center every bodily and psychic activity. Headache is the most constant of all the symptoms of eye strain. The teachings of modern neurologists in condemning the use of glasses for this trouble are denounced in liberal language and extracts from a large number of writers are given, advocating the relief of the eye strain by glasses for the cure of the migraine. Ninety per cent of cases (patients) with migraine or sick headache are immediately curable, and a large proportion of the rest curable in time. A few cases are incurable. There are rare cases in which mental reaction is impossible.

Eczema and Old Sores.

HALLIBURTON writes in The Medical World for September of the benefits derived from the use of Echinacea in the constitutional treatment of eczema, old sores, syphilitic ulcers and blood dyscrasia generally. It is an eclectic remedy, but can be had in fluid extract form. The dose is one-fourth drahm and can be repeated every four hours.

Treatment of Eclampia.

Taylor (Texas Med. Jour., Oct. 1905) gives the symptoms etiology, diagnosis and prognosis of this disease. In dealing with the treatment he divides it into two parts—prophylactic and curative. For prophylaxis reduce the amount of nitrogoneous foods, depending on a milk diet, limit the production of toxic materials and assist their elimination through bowels, skin, liver and lungs. Exercise, plenty of water, purgatives, hot baths, diuretics, etc. Under the head of curative four medicines are mentioned: Chloroform verato viride, chloral and morphine hypodermically. Chloroform for immediate control of convulsions, verato viride as a good second. It reduces the pulse and convulsions are practically unknown with a pulse below 60. Ten to twenty drops fluid extract should be given every half hour until decided effects are shown. Choral, 40 grains per rectum, or better high rectal injection of large quantities of normal salt solution. Venesection was once much in vogue, but same results may be obtained with verato and normal saline sol.

Make haste slowly in emptying the womb if the cervix be tightly shut. In favorable conditions the womb may be emptied.

Extrauterine Pregnancy.

Carstens, in a paper before the Am. Med. Association (Jour. A. M. A. Nov. 4th, 1905), says formerly the diagnosis of extrauterine pregnancy was some times made before rupture and treated by destroying the foetus, and occasionally the patients recovered. Sometimes foetal bones would be discharged through an abscess breaking into the rectum, bladder or vagina. Later, in abdominal surgery extrauterine pregnancy was found. The text books give the classical symptoms, but patients presenting unusual types are found clinical histories of two such being given from which he draws the following deductions:

"These cases could be amplified by similar ones, but they are sufficient to teach some lessons. One of these is that extrauterine pregnancy is more often met with than ordinarily expected. Another lesson is that a careful history of the onset of the disease will throw light on the subject. The patient often unintentionally throws the physician off his guard and only by persistent questioning will he get at the real facts. I would conclude, therefore:

First, that extrauterine pregnancy must always be in the physician's mind in cases of sudden onset of pelvic trouble.

Second, that the least irregularity of menstruation is suspicious of extrauterine gestation.

Third, that inflammation and sepsis following a supposed miscarriage often are due to ruptured ectopic pregnancy.

Fourth, that prompt operation is always indicated the choice of the vaginal or abdominal route depending on circumstances."

Aseptic Dont's.

Dr. W. M. Brickner, in "The Surgi cal Assistant," gives the following suggestons for securing and mantaining asepsis, which suggestions cannot be too often repeated to operating room workers:

Don't "scrub up" hastily either the patient or yourself.

Don"t forget to rinse your hands frequently during an operation.

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Don't fail to re-disinfect after contact with unsterilized articles by immersing in an aseptic solution or by scrubbing up again, if necessary.

Don't let your arms touch your gown even though it be sterilized.

Don't touch anything needlessly.

Don't pass instruments or sponges through too many hands.

Don't put your finger in the wound if an instrument will do as well.

Don't put either in the wound without reason.

Don't expose too large a field of operation.

Don't neglect to keep the area about the wound (and in the wound) clean and dry.

Don't sponge into the wound.

Don't allow sutures, gauze, or instruments to drag over uncovered skin.

Don't rest your hands on the patient"s skin.

Don't allow your head to rub against the operators.

Don't spread your arms over the patient's body.

Don't allow your elbows, or the operator's elbows, to touch instruments on the patient's body.

Don't fail to watch constantly for errors in aseptic technic; don't hesitate to call attention to them at once.

Client (to lawyer)—I am afraid the physician's testimony will convinct me.

Lawyer (reassuringly)—Don't be alarmed about that. I'll read up a little about poison in the stomach, and in ten minutes I'll have the doctor in a cold sweat, and make the judge and jury think he's a hired perjurer.—*Massachusetts Medical Journal.*

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EDITORIAL.

Graft in Public Health Matters.

We have received from Dr. Joseph Holt, of New Orleans, a circular letter addressed to the people of that city, arraigning in scathing terms Dr. Edward Souchon, President of the Louisiana Board of Health, and Dr. Quitman Kohnke, health officer of the city of New Orleans, of malfeasance in office.

In brief he charges them with allowing the introduction of yellow fever into the State and city and its subsequent spread into an epidemic by their silence and neglect, officially denying its existence, and failing to apply the remedies of modern science to limit and extinguish the first germs of the disease.

As aiders and abettors in this policy of the health officers and influencing and instigating them to the course, certain business interests and transportation companies (not mentioned by name) are arraigned before the bar of public opinion for the position taken and the policies persued.

That there was a mistake made both in the early recognition of the disease and the subsequent measures taken to control it is conceeded as witness the necessity of placing the supervision of measures for controling the epidemic in the hands of the Marine Hospital Service. It is not our purpose here to discuss the motive back of the errors, or the truth or falsity of the charges made in the circular letter that venality and political influence actuated the parties in the course persued. They may or may not be true, but as applied to the question in the abstract without reference to this particular case, the dictum is true, laid down by Holt that 'you can offer no valid assurance of a permanent kind, or a reasonable guaranty of protection while your (——) Health Department is subordinate to politics, city or State. This is the root of the evil the originating cause of all the trouble. * * * * * * The only remedy is separation of the health officers from political favour and spoil.'

The existence of political parties is largely contingent upon the gifts of the party to its adherents in the form of office and position, and the enrolements derived therefrom. The fundamental principles for which the party stands as promulgated in its platform may be and are, used as agreements for the purpose of obtaining and holding the requisite number of voters for its perpetuation, but the fact remains that but few politicians work for the party interests from philanthropic motives. It is the office within the gift of the party that is the chief factor with its leaders, and its blind obedience to the behests of the leadership and subservience to the crack of the party lash is a sad travestry upon the boasted independence and freedom of the American citizen. It is an unwritten law more exacting and better observed than any upon our statute books that to the victor belongs the spoils. As true as this is it is also as specially enforced that an office in the gift of the party must be administered in the interests of the party's future welfare and stability. The public and its interests are consulted only so far as a given course will jeopardise the party in a future election. The leaders are in it for the money there is to be had, regardless of all other considerations.

As powerful as are political parties and their several leaders, the great moneyed corporations exert a dominant influence over them because of their large contributions to campaign funds and the money used to influence legislation in their behalf. Graft is the cardinal principle under which both the leaders of political parties and the "souless corporations" operate. To hold a position under their control, the essential feature is that there shall be adherence to the idea of perpetuation. Nothing in the administration of a political office must be done that will jeopardise the interests of the party.

These may appear to be strong and overdrawn statements, but the past history and present conditions of political parties and their manipulations verify them. That a great leader of a political party occasionally rises above party influences and proves himself a broad minded statesman, with the courage to act for the best interest of the public, regardless of the wishes of the party placing him in position, does not in the least vitiate the argument as to the principles actuating parties in general.

Matters of hygiene, public health and prophylactic measures against disease are generally, and if right ought to be, in the hands of the medical profession. This will and does not prevent abuses if the appointment is a political one. The danger is still present and the management will be trammuled if occasion should arise for the use of the office to enhance the interest of the party or its chief supporters.

The question of the public's health, and of sanitary science in general, is of too much importance for its hampering in any way by outside influence especially such as will be deleterious to the best interests of the public. The consequences of such interference are far reaching, and may be as calamitious as is arranged by Dr. Holt in the circular letter referred to. We would like to believe that a member of the profession accepting a position as health officer or in connection with a department of health at the hands of a political party would remain true to the tenets of his profession. We would rather believe that he would rise above the cor-

ruptive influences of political graft and use his position solely for the advancement of sanitary science and the good of the public. To fail to do so would be but to pronounce his doom for his retirement would be but a question of time.

The remedy is to keep all matters pertaining to the public health and charitable institutions out of politics.

An Appeal to the President.

Dr. F. E. Daniels, the versatile editor of the Texas Medical Journal, in the October issue, makes an appeal to the President of the United States for aid in suppressing the almost universal use of patent medicines. He calls upon the American Medical Association, the Public Health Association, the W. C. T. U., the Y. M. C. A. and all the Alumni Associations of the great universities to join in a personal memorial to our great, wise, courageous and honest President for aid curtailing this race suicide.

We all know the arguments generally used against the use of and traffic in patent medicines; the danger of self-dosing; the almost certainty of becoming doped with alcohol, opium or cocaine in their use; the ignorance of the public as to their composition and consequent danger; the power of money in securing favorable, legislation; the influence of the press and especially the church papers, subsidized by the patent medicine vendors; the aid given them by many so-called doctors in directly prescribing them and indirectly fostering them by patronizing drug stores handling these nostrums, and the blatant claims made by the proprietors of these products scattered all over the land in circulars, letters, pamphlets, etc.

These arguments Dr. Daniels uses with skill and cites direct instances of proof in many of them. The failure of Congress to pass a pure food bill is noted and commented upon and the work of Mr. Bok, of the Ladies' Home Journal alluded to.

These things are all true. A large portion of the medical profession has realized the drift of the nefarious traffic and its dangers to the public, but has the rank and file of the profession appreciated the course in which the habit of self-prescribing was running, or is it now cognizant of the depths reached? Has it conceived of the goal yet to be attained? The habits of drink and dopes of other kinds, and the criminal abortions made through these nostrums are already showing their effects upon the present generation and what neurasthemics the next generation will be!

Physicians should be the first to know these things and knowing them should use their influence to counteract them. This the profession has not done and is not now doing. The literary magazines are doing a noble work in their efforts to change the conditions, and already has the profession been rebuked for its lethargy in the fight and the rebuke was deserved.

Prhaps it is not the profession's affair that the public dopes itself to death or imbecility, yet it is to the profession that the public looks for counsel and advice. Grant that in this the public is slow to listen to the admonitions of the profession because of a supposed self-interest in suppressing patent medicines, is the profession absolved from further effort? And until every means that can be brought to bear has been exhausted, has it a right to invoke the aid of the President?

We have no objection to the aid of the President and others in the matter. We appreciate the efforts being made on this line in various ways, but our plea is to the profession that it, too, shall come up to the full measure of the obligations resting upon it.

Dr. McCormic's Address on Organization.

In former editorials we have written of the importance of organization on the part of the medical profession and have also made frequent references to the work that has been done both in this and other sections. This we have done because we have believed and still believe that it is the key note to the best interests of the profession and its greater usefulness to the public.

The work that Dr. J. N. McCormic is doing in this line as National Organizer of the American Medical Association is of incalculable benefit to the profession and we most heartily commend the address given before the Washington State Medical Association, and published in our department of Selections of this issue.

While all of the address is pertinent to the question, some parts of it are of more than ordinary interest and deserve more than a passing notice. Notably among these is the question of our influence with the public and the general estimation in which the profession as a whole is held. This we have noted in a former editorial (November, 1903) and alluded to other times, especially in writing of the doctor before the courts. With Dr. McCormic we believe that this state of affairs can be largely ameliorated, if not entirely corrected, by thorough county organization.

So with the envious spirit so prevalent in the profession: if we knew each other better we would respect our brother doctor the more, and there is no place for gaining this knowledge equal to the free intercourse and heart to heart talks of a well organized local society. We are glad Dr. McCormic has the courage to tell us of the conditions as he finds them, and while regretting the necessity for his rebuke earnestly trust that efforts to eradicate this evil will be successful.

Why cannot North Carolina be relieved from the curse of quacks? Are the conditions here more difficult than in Alabama or Kentucky? Do we want it enough to labor for it? We may not have one man as Alabama's Cohrane, or Kentucky's McCormic to go over the State and arouse an interest in the subject, but there should be in every county one or more physicians with sufficient spirit of professional pride and the necessary personal ability to make the attempt to cement the profession of his own county in a compact body. But as Dr. McCormic suggests, to do effective work there is something more needed than a society on paper. It must be a working society.

One other point we wish to note, perhaps because it is one which has been of sufficient interest to us to be noted in previous writings, but at any rate because it is a great truth tersely told: the personal character of the individual physician tells more upon the vocation and calling of the medical man than great learning or much skill. The community may and does respect the good man who is a physician, but its estimation of the profession is influenced more by the short comings and immoralities of its worst member.

Hospital to be Furnished and Opened.

During the first weeks in November the public press gave accounts of conferences of the Directors and Superintendents of the two State Hospitals for the White Insane with the Governor and the Council of State relative to the need of additional room for the accommodation of the acute insane. This question has been treated in our columns heretofore, but the public has not been fully informed of the existing conditions until the reports of the officers of the institutions were published. With five hundred insane incarcerated in jails and county houses, the addition to the hospital at Raleigh unfinished because the appropriations was not available until next year, with no provision for the furnishing of it, the appeal to the council could be made with telling force, and to it the council has responded nobly. The announcement is made that the addition to the hospital is to be pushed to completion at once and that the council of state will provide the money for furnishing it.

This will relieve the immediate congestion, though only temporarily. It furnishes room for one hundred of the five hundred patients that should be under treatment in the hospitals, but makes no provision for the large number now needing the care and custody that can be given only in a well regulated hospital, or for new cases that will develop—known to be largely in excess of the discharges from the hospitals.

While the Governor has done nothing more than his duty, still he is to be commended for the lively interest he has taken in the matter and his efforts to relieve the conditions.

Extra Development and Control of Muscles.

Newspaper accounts of medical matters are not very reliable, the tendency being to exaggerate the conditions and even some times to draw largely on the imagination for the sake of startling announcements. Muscular development and the control of the nerve supplying individual muscles have been highly cultivated by various persons, especially athletes, and is an inherent attribute with others. Whether this is the case with one Anton of Budapest, an account of whose accomplishments are given in the lay press is not stated, and there is no confirmation of the story from a professional source.

Anton is a brick mason, well developed and thirty years of age, and his power over the muscles is more than ordinary. The newspaper report of his exhibition before the Polyclinic of Budapest makes him able to exercise any individuel muscle at will, stop his heart's action, lift his digestive organs and the contents of his stomach five or six inches, and double the size of his eye balls. Sandow is said to be able to control the individual muscles of his arm at will, but Anton goes further and makes the muscles of his neck, back and body play leap frog on a moment's notice.

Contaminated Beef in Europe.

Dr. George Simoni, of Vienna, has some peculiar views on the influence of diet as a cause of sickness, and is to issue in book form his "Lectures to a Decayed Civilization." Among other things he says this is given as one of his beliefs. 'One who eats meat on the continent of Europe is on the road to ruin his stomach. Beef, mutton and pork in all the European countries are poison

because the soil is poisoned and because the fodder is poisoned by artificial manure and other ingredients. I can very well understand that Americans are a great people despite the fact that they are great meat eaters. Their cattle come from virgin soil, innocent of artificial manuring and other evils.

On the question of sleep he claims that the sleep before midnight is the only sleep that does us any good.

WHAT OTHER EDITORS ARE SAYING.

A Universal Language.

The November issue of Medicine has an editorial on Esparano, the universal language, and the hope is expressed that it will prove beneficial to medical men in their studies. Vola Puk, as a universal language was used but a short while, and the effort to make Greek the language of scientific communication was a failure. It is said that one with a good command of English already has nearly fifty per cent of the words of this new language, and with the addition of one of the latin tongues has eighty per cent of them, and with the help of some thirty prefixes and affixes, it is expected that every idea can be conveyed, though the nicer shades of distinction cannot be thus expressed. A recent congress at Bologue demonstrated the utility of the language in several address and two dramatic performances being understood by the audiences.

In this connection we place a recent communication from Dr. Rose, the advocate of Greek as the language of science (reprint from Post-Graduate, Oct., 1905), the original Greek being omited and Dr. Rose's translations only published. We agree with Dr. Rose as to the necessity for a different nomendature in medical science.

(When a man is prevented fom uttering his genuine sentiments, if he is an honest man he says nothing at first, but when he finds that silence is doing him harm he resorts to hypocrisy when he still keeps silent or speaks and teaches what he himself does not believe. Such hypocrisy—called politics—corrupts a large part of the nation, the members of a political organization or State, and where this spirit prevails you can not find a single citizen of whom it can be truly said: He is a man who speaks exactly what he thinks. —Adamantios Korais.)

Encouraged by these words of the great physician and scholar Korais I wish to say: No physician, no man in the whole civilized world can contradict the statement that our medical onomatology is to a great extent a corrupt, illiterate, ridiculous and absurd jargon, and that this condition will continue to grow worse as long as writers, who have no knowledge of the Greek language coin and introduce words supposed to be derived from Greek which are incorrect, absurd, ridiculous and even indecent. With the current medical jardon, science, properly so-called, can have no fellowship.

Our onomatology needs reform and such reform I wish to propose. I wish, however, this work to be undertaken in like manner as Lavoisier's reform of chemical nomenclature was undertaken, that is, it must be looked upon as a national work to the greater honor of the medical profession.

No confusion need to be feared in introducing correct scientific terms.

A. Rose.

One Good of Medical Organization.

In the October issue of the Iowa Medical Journal editorial department is given an account of an episode wherein the advantages of thorough organization of the profession was demonstrated. Two arrant quacks operating in the west known as Phenomenal Kraus and Great Anselme with a large retinue and vaudeville troup, had billed DesMoines for exhibitions and the sale and distribution of their nostrums. They were met at the very threshold of their operations, arrested, put under bonds, reported to the grand jury and finally forced to leave the city and State, which they did in preference to standing a trial. All by the power of organized efforts put forth by the profession of the city.

In another editorial of the same issue of the journal the, press of the city is scored for the barter of its columns to these quacks. One of the considerations of the advertising patronage was that no comments should be made in the papers on the troup and its performances except such as had the sanction of its head. This fact was fully proven by the silence of the press on the legal proceedings against them, even after thirty persons were arrested and placed under bonds and the news editors were furnished with detailed accounts of the position by a member of the medical profession. Instead of reporting this there appeared a column advertisement by Krause, derogatory to the medical profession of Des Moines. Only after the quacks were run out of the city could the press commend the profession for the victory and good government and social conditions.

Marine Hospitals.

A recent editorial in the N. Y. and Phil. Medical Journal calls attention to the dangers of a loss of efficiency of the national marine hospitals in the proposed reduction of the number now in existence by the Secretary of the Treasury. The proposition is made on the score of economy, and it is doubtless true that in some localities the work of caring for sick and disabled sailors could be accomplished by contract services more economically than by maintaining the hospital. As at present managed the marine hospital service is a credit to the nation. A reduction in the hospitals would mean a reduction in the force, a lessening of the attractiveness of the work to young men, making it difficult to keep the corps filled with desirable officers, and impractable to detail trained experts for such work as has been recently done by the department in the yellow fever districts. It is better to maintain a larger force in order to meet such emergencies than to be compelled to resort to make shifts when they arise. If the corps is small a drain upon it for such a draft will cripple its efficiency.

The reasoning is logical and we trust the service will not be curtailed.

Articles of Practical Value.

We clip the following extract from an editorial in the New England Medical Monthly for October. We have thought the same things several times when trying to read some of the papers that are published in medical journals, and are glad our brothers has said them.

We note with regret that many of the leading articles are of little practical value. It is not possible that the general physician is interested in dis-

quisitions or dioptrics, or biology, or the finer ramifications of metabolism and the algebraic formulae of chemical and physiological products. In fact we doubt if many of our best men have any real comprehension of their significance. Yet our current literature still furnishes this indigestible material in liberal quantities, and it is not surprising if the doctor who once read the injunction: "Seek and ye shall find," begins to question the truth of his early teachings.

Merging of the Medical News with the N. Y. Medical Journal.

The publishers, A. R. Elliott Publishing Co., of The New York Medical Journal, announce in the issue of Nov. 11th that they have made arrangements by which the Medical News, of Philadelphia, will be incorporated with the New York Journal. It is only two and a half years ago that the Philadelphia Medical Journal was acquired by this publishing house. The second acquisition is made in the belief, as the publishers announce, that in union there is strength.

The Medical News has been a progressive journal under the control of Lea Brothers & Co., for over a half Century. Let us hope medical journalism and the best interest of the profession will not be losers by the transaction.

"The Square Deal."

Under this heading the editor of the N. Y. Medical Journal (Nov. 11th, 1905) gives some remarks of Mr. Shouts, chairman of the Panama Commission relative to "cleaning up" and old-fashioned theories that is an indirect reflection upon "Col. Gorgas and the other doctors" with their efforts to wipe out the mosquitoes and isolating yellow fever patients. To this he replies most effectually that the measures of which Mr. Shouts speaks and for which he makes claim were advised by "Col Gorgas and the doctors" by them long before Mr. Shouts was a member of the commission. The very plans of which he speaks as the work "we" are doing were ratified by the old commission, and much of the work accomplished under the direction of Mr. Wallace, the first chief engineer.

Give credit where it is due and give "A square deal."

Dr. Taylor of The Medical Council in the November issue of his journal writes to condemn the much used phase in prescriptions—"use as directed." A moment's thought with any of us should be sufficient to show the foolishness of the direction to be placed on a package of medicine, and if it happens to be a poisonous compound the dangers of it are evident. His arguments for its discontinuance are cogent—chief among them is the liability of the administrator to forget the directions given, and the possibility of a change in the administrator. Every package of medicine should be so plainly marked as to avoid the possibility of a mistake being made in its administration.

Carolina Medical Journal,
Charlotte, N. C.

Gentlemen:

We have just issued the 7th of our series of twelve illustrations of the Intestinal Parasites, and we will send them free to the physicians on application.

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Medical News and Items.

(Culled Largely From Medical Age.)

Koch has returned to Berlin after nearly a year spent in scientific work in the tropics.

Two deaths occurred from plague in Honolulu on October 30th.

A vessel arrived in Savannah late in December from a South American port, having well marked cases of yellow fever on board.

The amount collected in Denmark for the erection of a memorial to the late Prof. Niels Finsen is said to be 100,000 crowns.

Sir Frederick Treves has agreed to be nominated on non-political and academic grounds for the Lord Rectorship of Aberdeen University.

Surgeon-General Rixey, of the United States Navy, states that women nurses should be provided for the navy as well as for the army.

Professor Chantemesse, in a recent lecture at the Academy of Medicine, said that he found flies to be the greatest disseminators of cholera.

An Austrian Society for the Repression of Quackery was formally constituted at a meeting held in the rooms of the Medical Society of Vienna on November 11.

Buenos Ayres reports an outbreak, or rather a recrudescence, of bubonic plague in Choya, and that during the past few days there were nine new cases reported.

A department of military hygiene will be established at the military academ at West Point in accordance with the recommendation of the academic board and the superintendent of the institution.

George W. Cott, a wealthy civil engineer, recently died in New York, having bequeathed his body to a medical college "to be used in such manner as will be most conducive to the advancement of medical and surgical knowledg'e." The body was accordingly delivered to the Bellevue Medical College.

The chief medical officer of the Moscow Military Hospital writes to the Novoe Vreinya, saying that the said hospital is about to complete the second century of its existence. It was the first government hospital in Russia, besides which it was the first and for a long time remained the only medical school in Russia. It was founded in the time of Peter the Great, and was formally opened on December 4, 1707. Its history is at present being written. The object of the letter is to appeal to all who may have documents or information of use to the compilers of the history to communicate them for the purpose stated.

Among the members of the medical profession in foreign countries who have recently died are Dr. E. Neniere, senior surgeon to the National Institute for the Deaf and Dumb in Paris; Dr. Jules Guyot, formerly surgeon to the Paris hospitals; Dr. Akos Puky, senior surgeon to the Red Cross Hospital, Budapest, and lecturer on surgery in the University of that city; Dr. R. A. Ruge, a prominent practitioner of Berlin and a member of the Town Council of that city, aged seventy-one; Dr. Florschutz, for a long time physician-in-ordinary to Dukes Ernest and Alfred of Saxe-Coburg, aged ninety-two.

New York City is preparing, says an eastern exchange, to spend $2,000,000 in a city sanitarium for consumptives. Last spring $200,000 was appropriated for beginning this work. The site is

on Staten Island, overlooking the Narrows and the lower bay. The spot is said to be the highest on the Atlantic coast between Maine and the Gulf of Mexico. The architect is Mr. Raymond Almirall. The ward buildings will be in the form of an arc; the windows are all to extend to the floor and open on verandas. The roof is to be treated as a roof garden, one portion being enclosed in glass. There are to be two buildings devoted exclusively to the care of advanced cases in single rooms. Patients in all stages of the disease will be admitted. The site selected is on city property, and the $200,000 already available will, it is estimated, provide accommodations for at least 100 patients.

The policy adopted by the authorities in France, Germany, and this country, by which there is an interchange of the services of professors of high rank in the leading universities, has been continued, says an exchange, by the sending of Prof. Wilhelm Otswald, of Leipsic, to this country. He is the recognized pioneer in physical chemistry, preceding van t'Hoff and Arrhenius in his researches, and is now giving a course of lectures at Harvard University on physical chemistry. A banquet in his honor was held November 11 in Brooklyn, given by the physical science department of the Brooklyn Institute. The leading chemists in the universities east of the Alleghanies have been invited, and addresses have been promised by the president of Johns Hopkins, Prof. H. W. Wiley, and F. W. Clark, both of Washington, and other chemists from Harvard and elsewhere. A large number of German-Americans who are interested in the chemical industries will also be present.

Dr. Weisbrod, a physician at Dusseldorf, Germany, conducts an establishment for the treatment of cutaneous and venereal diseases, says an exchange. He is assisted in his practice by an undergraduate named Rossler, who has been for years in his employ. Weisbrod has been in the habit of entrusting his patients to Rossler, giving him blank prescriptions, which the latter filled out for the individual case. As this substitution was not known to the patients, they supposed they were being treated by Dr. Weisbrod instead of by an assistant. When some of the patients learned the facts they accused Dr. Weisbrod of deception and carried the case into the courts. The claim was sustained by the legal proceedings, which imposed two months' imprisonment on Weisbrod and one month's on Rossler. The judge emphasized the deception practiced, and especially the point that in venereal diseases such a manner of conducting medical practice might easily do great harm.

A United Profession's Power is the heading of the leading editorial in the Medical Mirror for October, and the writer thinks that the profession is derelict in its waiting and allowing some of the lay papers and magazines fight our battles for us. Organized labor is the largest and most influential body in the world. Politically the medical profession could be supreme; if united it could decide every question every issue state or national. We should walk as giants among pigmies, instead of pigmies among men. Find and elect our medical Moses and uphold his arms for the glory of medicine and the betterment of man, ourselves and those whose look to us for support.

Important Announcement.

The Alkaloidal Clinic has Changed its Name to the American Journal of Clinical Medicine.

With the January issue in preparation we change the name of The Alkaloidal Clinic to one which more fully embodies the scope of our propaganda, namely, The American Journal of Clinical Medicine.

We have added to our present strong editorial force (all of which is retained, and with no change in management, or any financial change whatever), Dr. Wm. J. Robinson, of New York City, who will conduct a department of "Dermatology and Genitourinary Diseases;" Dr. Emory Lanphear, of St. Louis, who will conduct a department of "Surgery, Obstetrics and Gynecology," and other departments will be added as arrangements can be made therefor.

With this additional force, the make-up of the journal will be improved in many ways. The best minds in this country and Europe will contribute articles which will be of unestimable value to the general practitioner who is willing to learn and anxious to keep up with the times. Our platform is as broad as the world. We believe the physician should pluck the health-giving fruit, it matters not from what garden. Active principle therapy, surgery, synthetic chemistry, massage, electricity,, serum therapy, hydro-therapy, radio-therapy, etc., etc., all of these offer us in mighty weapons for our battle with the enemies of the human race, disease and death, and the new, enlarged, rejuvenated, and strengthened Clinic now called (as better indicating its scope), "The American Journal of Clinical Medicine," will include all these weapons in its armamentarium. It will give its readers all that is best in the literature of the world, all that is most helpful, most practical.

The underlying principle of our great work is to safeguard the medical profession, to help them to higher planes of practice, to greater personal success, to bettered conditions in every possible way.

We are opposed to quackery, however and wherever it appears. We are opposed to proprietary advertising to the laity against the medical profession, to the detriment of the people.

We are opposed to the secret nostrum and the rum remedy, decrying their exploitation to the profession, and more especially to the people, as a body-wrecking, soul-destroyed crime that should be suppressed.

We believe in and stand for the honest doctor and the honest pharmacist; their interests are mutual, and we decry all attempts to estrange them.

We are fully alive to the great awakening of the public conscience now going on, proposing to stand on the very firing line of the movement for professional betterment and the public good, never taking a back step till a complete victory is won, and then we'll stick, too. We shall appreciate your cooperation.

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Surgical tuberculosis, no less than pulmonary tuberculosis, calls for the most careful general treatment, post-operative and otherwise.

Individuals with bluish sclerotics, and with dark lanugo over the upper part of the back are usually of tuberculosis diathesis; and these signs are not inconsequential in making a diagnosis.

BOOK REVIEWS.

THE URINE AND FECES IN DIAGNOSIS, by Otto Hensel, Ph.G., M. D., Bacteriologist, German Hospital, New York, and Richard Weil, A. M., M. D., Pathologist, German Hospital, New York, in collaboration with Smith Ely Jelliffee, M. D., Ph.D., Instructor in Pharmacology and Therapeutics, Columbia University; visiting Neurologist, City Hospital, New York. Illustrated with 116 engravings and 10 colored plates. Lea Brothers & Co., Philadelphia and New York, 1905.

Exhaustive works on clinical and laboratory methods are numerous but compact, trustworthy and handy guides to the combined study of the urine and feces are still a desideration. The object of the work is to fill this place and it does so exactly. The work is from the pens of Otto Hensel and Richard Weil, of German Hospital, New York, and Smith Ely Jelliffe, of Columbia University. We have read few works among recent publications that approach it in clinical discrimination and accuracy of laboratory methods. The subjects are carefully covered but not burdened with minutiae. It is a pleasure to see our American medical authors measuring up to our German brethren, who have for years been in the lead. This is a strong, valuable work.

The publishers have done themselves credit in the make up of the book; there are 116 engravings and 10 colored, while the print, paper and binding are excellent.

CLINICAL DIAGNOSIS AND URINALYSIS, a Manual for Students and Practitioners, by James Rae Arneill, A. B., M. D., Professor of Medicine and Clinical Medicine in the University of Colorado; Physician to the Denver County Hospital and St. Joseph's Hospital, Denver; Consultant to the Jewish Consumptives Relief Society, Denver; Member of the Advisory Board of St. Joseph's Hospital for Consumptives, Silver City, New Mexico. Series Edited by Victor Cox Pedersen, A. M., M. D., Instructor in Surgery and Anethetist and Instructor in Anethesia at the New York Poly-clinic Medical School and Hospital; Genito-Urinary Surgeon to the Out-Patient Departments of the New York and the Hudson Street Hospitals; Anesthetist to the Roosevelt Hospital. Illustrated with 79 engravings and 1 colored plate. Lea Brothers & Co., Philadelphia and New York.

This little book is a highly practical number of Lea Brothers & Co., Medical Epitome series. While not supplanting the larger marks still it covers the important points of clinical diagnosis and urinalysis and will prove as serviceable to the practitioner as to student. The sections on blood and urine are to be specially commended. The make up of the volume is all that could be desired.

LECTURES ON AUTO-INTOXICATION IN DISEASE, OR SELF-POISONING OF THE INDIVIDUAL, by Ch. Bouchard, Professor of Pathology and Therapeutics; Member of the Academy of Medicine and Physician to the Hospitals, Paris. Translated, with a Preface and New Chapters added, by Thomas Oliver, M. A., M. D., F. R.

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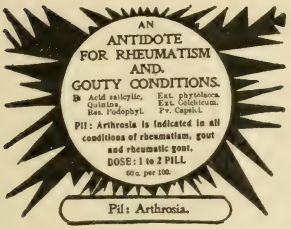

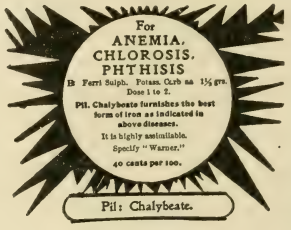

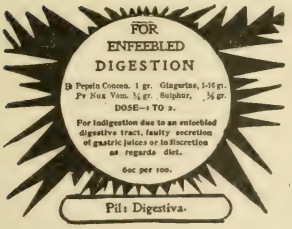
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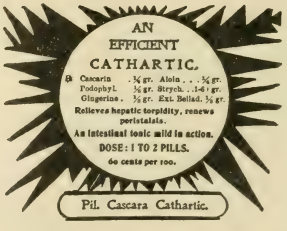
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This is a second revised edition of Professor Bouchard's celebrated lectures on auto-intoxication in disease. These lectures were delivered in Paris. Preface and new chapters have been added by Prof. Thomas Oliver.

This is a vastly important subject to medical men; he who would interpret disease correctly should have the matter of these lectures well in mind. Auto-intoxication is not all of disease, but is a big part of many diseased conditions. We strongly commend this work to the profession.

The Physician's Visiting List For 1906, by P. Blakeston's Son & So., Philadelphia, Pa.

This well known and popular list is in its 55th year, thus attesting to the esteem in which it is held by the profession. The book is of convenient size for the pocket, and can be had for 25 patients per day or week, also for 50, 75 and 100 patients. In addition to pages for entries it contains a list of incompatibles, and a page on the Immediate Treatment of Poisoning, also a complete dose table. Price, 25 patients, $1.00; price, 50 patients, $1.25.

Neurotic Disorders of Childhood, including a study of auto and intestinal intoxications, chronic anaemia, fever, eclampsia, epilepsy, migraine, chorea, hysteria, asthma, etc., by B. K. Rachford, M. D., Professor of Diseases of Children, Medical College of Ohio, University of Cincinnati; Pediatrist to the Cincinnati, Good Samaritan and Jewish Hospitals; Member of American Pediatric Society, Association of American Physicians, etc. E. B. Treat & Company, 241-243 West 23d street, New York, 1905. Price, $2.75.

The author states that it is a well known fact that infants and children are especially predisposed to serious and complicated nervous disorders, and that this class of diseases has been very little understood by the general practitioner, and has, in fact, not been a matter of special study by neurologists. In 1893-94, he published a series of papers in the Archives of Pediatrics entitled "Some Physiological Factors of the Neuroses of Childhood." In these papers he studied the physiological peculiarities of the immature nervous systems of infants and children, and noted the important bearing which these peculiarities had in producing and in giving individuality to the neuroses of childhood. These articles he has revised and made of them the macleus of a very interesting and instructing book on the Neurotic Disorders of Childhood. Part I of this book contains the revised papers, with the addition of chapters on "Gastro-Intestinal Toxaemia," "Auto-Intoxications," and "Chronic Systemic Bacterial Toxaemias." Part II. deals with the individual neuroses. These are presented so that the student of medicine and the general practitionr will not only be able to better comprehend those common and little understood diseases, but will also be able to apply successful lines of treatment.

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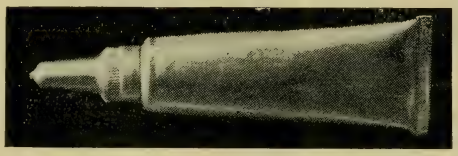

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CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITITION, by Professor Dr. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfort a. M.; Authorized American Translation; Edited by Boardman Reed, M. D., Late Professor of Diseases of the Gastro-Intestinal Tract, Hygiene and Climatology, Department of Medicine, Temple college; and Physician to the Samaritan Hospital, Philadelphia; Physician to the American Oncologic Hospital, etc. Translated by Florence Buchanon, D. SC., and I Walker Hall, M. D. Part VII Diabetes Mellitus, Its Pathological Chemistry and Treatment. Lectures delivered in the University and Bellevue Hospital Medical College, New York; Herter Lecturship Foundation. E. B. Treat & Company, New York, 1905.

Those of us who have had the pleasure of reading the preceding six monographs by Prof. Von Noorden on the Disorders of Metabolism and Nutrition will agree that the medical profession has again been placed under deep obligations to Prof. Von Noorden. The present monograph on Diabetes Mellitus consists of a special course of lectures delivered in the University and Bellevue Hospital Medical College, New York. Von Noorden unites in himself a thorough knowledge of physiology, physiologic chemistry and pathology with a remarkable genius for organizing and carrying out original investigation, so that a perusal of this monograph awakens a feeling of satisfaction that the chasm between pathology and clinical medicine is being

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bridged, and the practice of medicine being more and more established upon a solid scientific basis and that the old-fashioned treatment of diabetis by merely restricting the carbohydrates of the diet was crude, insufficient and unsatisfactory.

COAKLEY'S LARYNGOLOGY. A Manual of Diseases of the Nost and Throat, by Cornelius G. Coakley, A. M., M. D., Professor of Laryngology in the Universcity and Bellevue Hospital Medical College; Laryngologist to Columbus Hospital, etc., New York. New (3d) edition, revised and enlarged. In one 12mo. volume of 594 pages, with 118 engravings and 5 colored plates. Cloth, $2.75, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

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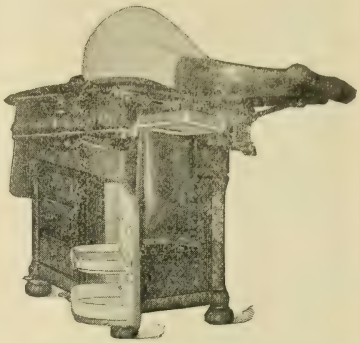

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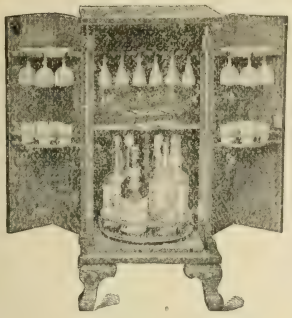

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There are a number of good operative surgeries of recent date on the market, but a careful study of the present work was exceedingly gratifying. The reviewer knows Dr. McGrath as a careful and painstaking surgeon and yet eminently successful in all his work. The same traits are shown in the preparation of his operative surgery as are shown in the operating room. The arrangement of the subject has been in accordance with the plan followed in his courses in operative surgery at the Post-Graduate Medical School. The different operations are taken up in detail and the descriptions are clear and concise. He has exercised great care in the selection of the various methods of procedure so that the text may not be unnecessarily burdened. He states that he has endeavored to combine, in a practical manner, the subjects of surgical anatomy and operative surgery, since a knowledge of one is essential to the proper study of the other. Diagrammatic drawings have been used largely for the purpose of illustration, because

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Simon's Chemistry was thoroughly familiar to many of us as students and perhaps many of us could find an old interlined copy, a relic of our student days. The appearance of the eighth edition has been delayed for a year in order to incorporate in it the changes and additions of the new Pharmacopea. Aside from the alterations thus neces-

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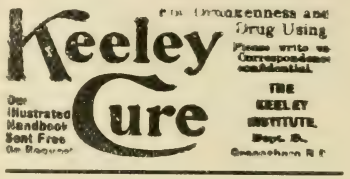

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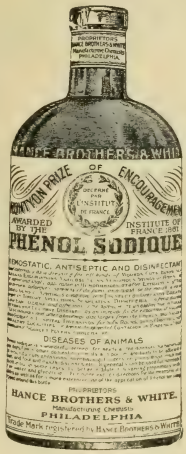

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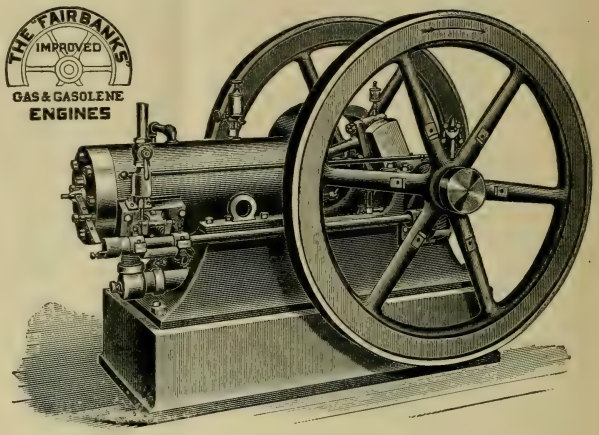

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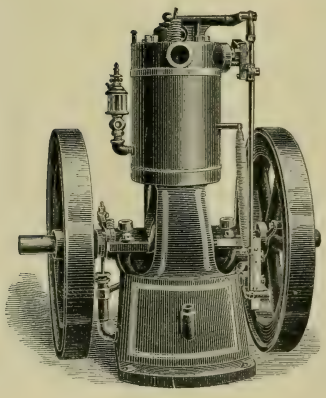

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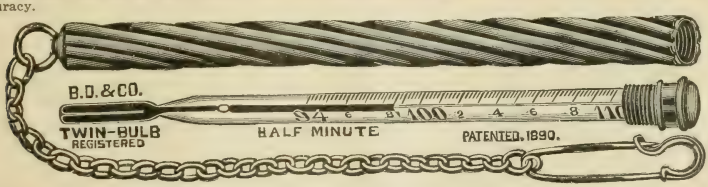

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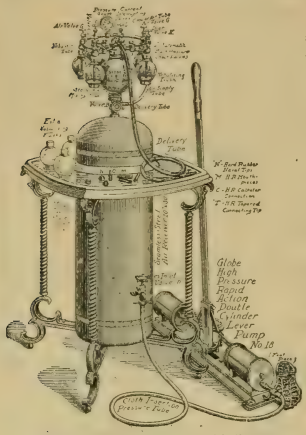

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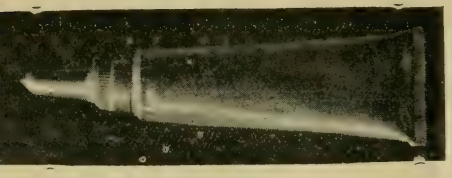

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